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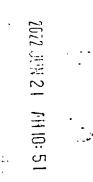
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Se Division of Cor | | | · |
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| SIMB INC | MYKS Klea | | | |
| Name of Limited Liability Company | | | | |
| The enclo | sed Articles of . | Amendment and fec(s) are sub | mitted for filing. | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | |
| | | Kelly Wilkinson | | |
| | | | Name of Person | |
| | | MYKS Kleaning, LLC | | |
| Firm/Company | | | | • |
| 1550 Glen Haven Dr. | | | | |
| | | | Address | |
| | | Merritt Island, FL 32952 | | |
| | | | City/State and Zip Code | |
| | | mykskleaninglle@yahoo.co | m to be used for future annual report notif | |
| For furthe | er information c | oncerning this matter, please c | | ication) |
| Kelly Wi | | oncerting that matter, preude t | 321 458-3313 | |
| | _ | f Person | at () | : Telephone Number |
| | Name o | i Person | Area Code Dayume | e Tereprone Number |
| Enclosed | is a check for th | ne following amount: | | |
| \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| - | Mailing Addres Registration S | | Street Address: Registration Sec | ction |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 51 21 71110:51

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| MYKS Kleaning, LLC | | | |
|--|--|-----------------------|-----------------------------|
| (Name of the Limited Li (A F | iability Company as it now app forida Limited Liability Company | ears on our records.) | Till and |
| The Articles of Organization for this Limited Liabil | | 01/07/2019 | and assigned |
| Florida document number L19000009321 | | | |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | limited liability company | <u>here</u> : | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," th | c designation "LLC" o | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | | | |
| Principal office address MUST BE A STREET A | DDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX | v) | | |
| Framing data ess MAI DE ATTOCK OF THE DO. | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or regis | tered office address on ou | r records, enter th | e name of the new registers |
| agent and/or the new registered office address he | | , | |
| | | | |
| Name of New Registered Agent: | | | |
| Name Danistana J Odžia. A Idravia | | | |
| New Registered Office Address: | Enter I | lorida street address | |
| | | , Flori | ida |
| - | City | , ғюгі | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---|----------------|
| MGR | Kelly Wilkisnon | 1550 Glen Haven Dr Merritt Island, FL 32952 | 🗆 Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ Effective date, if other than the date of filing: _________(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated June 13 Kelly Wilkinson Typed or printed name of signee