# L19000062433

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Official

# **COVER LETTER**

TO:			·	
embri				
SUBII	.c.i:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Yasmany Aguilar Jimenez	:	
			Name of Person	
		Many Cleaning Services C	Froup LLC	
			Firm/Company	
		6325 Brockbank DR		
			Address	
		Orlando, FL 32809		
			City/State and Zip Code	<del>-</del> -
		amelymanny@gmail.com		
		E-mail address; (	to be used for future annual report in	otification)
For fur	ther information co	oncerning this matter, please c	all;	
Yasma	ny Aguilar Jimene	rz.	407 624-2284	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclose	Many Cleaning Services Group LLC  Firm/Company  6325 Brockbank DR  Address  Orlando, FL 32809  City/State and Zip Code amelymanny@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:			
<b>■</b> \$25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# MANY CLEANING SERVICES GROUP LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/04/2019}{1}$ and assigned Florida document number L19000062433 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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
AMBR	Yasmany Aguilar Jimenez	6325 BROCKBANK DR	
AMBK			
		Orlando FL 32809	
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If an effe Note:	tive date, if other than the date of filing:	nt to 605.020 be listed a
ne rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier o
	3/26/19	
13-4-3	11200	
Dated <sup>1</sup>	(V) .4.11)	
Dated ,	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00