

4490000 82413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

04/19/19--01013--006 ***30.00

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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R. WHITE
JUL 23 2019

2019 JUN 22 PM 1:44



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2019

LAURIE MUNZ
1715 SHERWOOD ST
CLEARWATER, FL 33755

SUBJECT: MUNZ MAIDS, LLC
Ref. Number: L19000082413

We have received your document for MUNZ MAIDS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist III

Letter Number: 819A00011363

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Munz Maids, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie Munn
Name of Person

Munz Maids, LLC

1715 Sherwood Street
Address

Clearwater, FL 33755
City/State and Zip Code

lrlmnz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 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 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



FLORIDA DEPARTMENT OF STATE
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Rebekah White
Regulatory Specialist III

Letter Number: 819A00011363

2019 JUL 22 AM 11:25
RECEIVED
FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Munz Maids LLC

2019 JUL 22 PM 1:44

(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 28 March 2019 and assigned Florida document number L19080882413

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Business Enterprises LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Not Applicable

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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.

N/A

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Laurie A. Munz	1715 Sherwood Street Clearwater, FL 33755	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

no other changes

E. 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 18 July 2019.

Leisure A. Munz

Signature of a member or authorized representative of a member

Leisure A. Munz

Typed or printed name of signee