

L19000 115844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

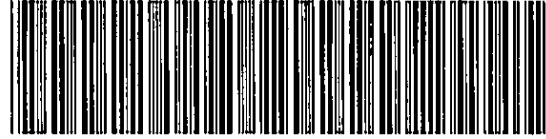
(Business Entity Name)

(Document Number)

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Amend
Name chg

MAY 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2M CLEANING SOLUTION 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:

MABEL DOMINGUEZ EUSEBIO
Name of Person

Firm/Company

12409 SOUTHERN BAYON PL.
Address

TAMPA FL 33612
City/State and Zip Code

MABELD90C9MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MABEL DOMINGUEZ EUSEBIO at (813) 802-4097
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2M CLEANING SOLUTION 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 _____ and assigned
Florida document number L19000115844

This amendment is submitted to amend the following:

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

2M CLEANING SOLUTIONS LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12409 SOUTHERN BAYOA PL
TAMPA FL 33612

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:

MABEL DOMINGUEZ EUSEBIO

New Registered Office Address:

12409 SOUTHERN

Enter Florida street address

TAMPA

City

Florida

FL

33612

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.

Mabel Dominguez Eusebio

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>
<u>MGR</u>	<u>MABEL DOMINQUEZ</u>	_____	<input type="checkbox"/> Add
	<u>EUSEBIO</u>	_____	<input type="checkbox"/> Remove
		<u>MABEL DOMINGUEZ EUSEBIO</u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>MARIBAL BLANDON</u>	_____	<input type="checkbox"/> Add
	<u>BLANSON</u>	_____	<input type="checkbox"/> Remove
		<u>MARIBAN BLANDON BLANDON</u>	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

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(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)

(b) The 90th day after the record is filed.

Mabel Dominguez Eusebio
Signature of a member or authorized representative of a member

MABEL DOMINGUEZ EUSEBIO
Typed or printed name of signee