## L19000 283237

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

		COVER LETTER	··
TO: Registration S Division of Co			
SUBJECT: MIV	anda's Cleening Name of Lim	Service L.L.C.	20 (B & ph/D 50
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	90
Please return all correspondent	ondence concerning this matter	to the following:	
	Leina Mivi	Name of Person	
	<u>Miranda's</u> d	Edning Service C.C. Firm Company	.( -
	103 doodle	Address	
		beach #1 3254 City/State and Zip Code	
	M.lema & E-mail address: (	) Yahee - Com to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca		
Leina De	Tesus of Person	at (BSC) 543	7407 Telephone Number
Enclosed is a check for t		Area Code Daytine	Telephone Punioei
□ \$25.00 Filing Fee	S30.00 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 Taliahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICL	LES OF ORGANIZA	ATION	20
	OF		19 W.
The Articles of Organization for this Limited Liability Florida document number 4170002632	ty Company were filed on	y) • 1. 1	and assigned
Priorida document number	<del>.</del> .		
This amendment is submitted to amend the followin	g:		
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," th	e designation "ELC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable			
• • • • • • • • • • • • • • • • • • • •	<del></del>		
(Principal office address MUST BE A STREET AI	<u> </u>	<del></del> _	
	<del></del>		
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our re:	records, enter the nai	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	Horida 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.

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	Leina Miranda Dyesus	103 double ove A	<b>[X</b> \dd
		fort walton beach fl,	□Remove
		32547	□Change
AMBR	Maria Barbusa	3305 cubblestone Ln	[X]Add
		mentevalle AL,	□Remove
		35115	🗆 Change
			□Add
			□Remove
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<u>Note:</u> I	ve date, if other than the date of filing:	,020 ed a
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
Dated _	January 29 . 2020.	
	$ \downarrow $	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00