L20000039978

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ddress) | |
| (Ad | ddress) | 233 |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Nar | ne) |
| (De | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: | M 4 4 CUC Name of Lim | MMG WOW MORE | exc. |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Yilay | Stepling Name of Person | |
| | MAYC | Firm/Company | CRL, I/C. |
| | 1232 NU | 51st temple | |
| | (Jawes) | City/State and Zip Code | |
| | E-ntail address: (| to be used for future annual report notif | 2020 amarkom |
| For further information co | oncerning this matter, please ca | all: | |
| Jenniter & Name of | OCO REW PEROZ Person | at (<u>50)</u> <u>446-</u> Area Code Daytime | H(67 Telephone Number |
| Enclosed is a check for th | e 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 | <u>s:</u> | Street Address: | |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

| May Cleaning and more 1/Clife 17 PH 7: 20 |
|---|
| (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 2000039978 and assigned |
| Florida document number <u>L2000089978</u> and assigned |
| |
| 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." |
| 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: |
| Towns C |
| Name of New Registered Agent: LIMHELY SOCORDO PEREZ |
| New Registered Office Address: (UZII SW 137 AVC) |
| Enter Florida street address |
| HIZCNLY Florida 32618 |
| New Registered Agent's Signature if changing Degistered Agent |
| 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 | Jenniter Socoeco Perez | Address 220 AUR 17 PH 7: 20 6 CN SW 137 AVC | Add |
| | | ARCher FL 32618 | □Remove |
| | | 561-446-4162 | Change |
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| . If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an eff | ive date, if other than the date of filing: |
| the recor | d 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 led. |
| Dated | Signature of a member fragment or authorized representative of a member |
| | Typed or printed name of signee |

Filing Fee: \$25.00