

L20000181475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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C. GOLDEN

OCT 14 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MERRYMACK CLEANING 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:

ISISIAH MACK

\_\_\_\_\_  
Name of Person

MERRYMACK CLEANING LLC

\_\_\_\_\_  
Firm/Company

20245 NE 15TH CT #B2

\_\_\_\_\_  
Address

MIAMI FL 33179

\_\_\_\_\_  
City/State and Zip Code

ISISIAHMACK14@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISISIAH MACK

678

4361288

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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 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**

MERRYMACK CLEANING LLC

7 10 11 7:36

(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 6/29/2020 and assigned  
Florida document number L20000181475.

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:

20245 NE 15TH CT #B2

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI FL 33179

Enter new mailing address, if applicable:

20245 NE 15TH CT #B2

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI FL 33179

**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:

EINCEPTION LLC

New Registered Office Address:

20245 NE 15TH CT #B1

*Enter Florida street address*

MIAMMI

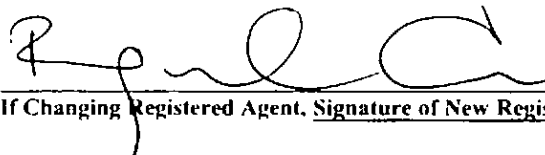
, Florida 33179

*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

**AMBR = Authorized Member**

[illegible]

[illegible]

**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.

- DocuSigned by:

Typed or printed name of signee