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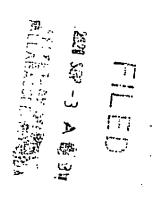
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Maritivo Cleani	imited hiability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mate	ter to the following:
<u>Marisa</u> Marisa	Montalvo Name of Person OD Cleanina Services, UC
Channe	Firm/Company
131 Ni	Uana Dr Address
Crestui	City/State and Zip Code
E-mail addres	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Marisol Montalvo Name of Person	at (SSO 376 8718) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$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	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Maritivo C	Pleaning Services	LLC		
(Name of the Limited I	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>rds.</u>)		
The Articles of Organization for this Limited Liabi		2020	and assigned	I
This amendment is submitted to amend the followi	ing:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LL	.C" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>		 	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		r the nam	e of the new reg	istered
Name of New Registered Agent:				
New Registered Office Address:				<u>.</u> _
	Enter Florida street addr		<u>`_</u> r	
-	, F	dorida <u>ch</u>	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 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
AMBR	Primitivo Mozario	131 Nivara Dr.	
		131 Nivara Dr. Crestule WF1 32536	XRemove
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effect e: If	e date, if other than the date of filing:	5.02 ted
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er t
filed	1. August 28	
d	8-28-2020, 2020.	
	Signature of a member or authorized representative of a member	