h21000128917

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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T. MATTHEWS JAN 31 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Communication of Division of Corporations

SECRETARY OF LITATE TALLAHASSEE, FL

December 22, 2021

THERESA CLEARY 2781 HINDA RD. LAKE PARK, FL 33403

SUBJECT: MAJU CLEANING SERVICES LLC

Ref. Number: L21000128917

We have received your document for MAJU CLEANING SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 221A00030883

COVER LETTER

		ng Services LLC			
SUBJECT:			ed Liability Company		
The enclosed	l Articles of A	mendment and fec(s) are subm	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		Theresa B Cleary			
			Name of Person		
		Comp-utax Florida LLC			
			Firm/Company	·	
		2781 Hinda Rd			
		· · ·	Address		
		West Palm Beach, FL 33403	3		
			City/State and Zip Code		
		1040computax@gmail.com	· · · · · · · · · · · · · · · · · · ·		
		E-mail address: (to	be used for future annual re	eport notification)	
For further in	nformation co	ncerning this matter, please cal	t:		
Theresa B C	leary		561 315- at ()	2914	
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed is	check for the	: following amount:			
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section
Division of Corporations

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

Maju Cleaning Services LLC

22 J. 10 11112: 24

(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 $\underline{\frac{March\ 18,2021}{}}$ _____ and assigned Florida document number _____L21000128917 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
P	Mayda O. Zuniga	PO Box 211221	
		Royal Palm Beach, FL 33421	■Remove
			□Change
MGR	Mayda O. Zuniga	PO Box 211221	\ Add
		Royal Palm Beach, FL 33421	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			
			□Remove
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	ist be specific and cannot be prior to d lock does not meet the applicable			
ecord specifies a delayed effectives filed.	ve date, but not an effective time,	at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	ifter the
ted January 13	, 2022			
ted January 13		A Control of a man	pher	
ted	Signature of a member or authorize	nd tentesentative of a men	ber	

Filing Fee: \$25.00