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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Miami 24/7 Cleaning & Repair Services, 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:
Jorge L. Bernal Name of Person Name of Person
Miami 24/7 cleaning & Repair Ser Vices, LLC
3042 SW 18 S+ PH 2: 0
Miami, FL 33145 City/State and Zip Code
Torgebernal 19894 @ 9 mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jorge L. Remai at (786) 857 - 3695 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \$\text{Certified Copy (additional copy is enclosed)}\$\$ \$\text{Certified Copy (additional copy is enclosed)}\$\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Migmi 24/7 cleaning & Repair Services, LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(А гюпа	la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number <u>L2100019834</u>	Company were filed on April	<u>28, 2021</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
EmergenZ Plumbing	Pros., LLC.	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LLC" or the abbreviated "L.L.C."
Enter new principal offices address, if applicable:		THE STATE
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		72: O
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street	
	rmer rioriaa street	uuurvss
	City	, Florida
	Cuy	ли соче

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 Title **Name Address Type of Action** □Add _____ □Remove **2**⊟Change _q□Ramble **□**Change __ 🗆 Add Remove _____ □Change __ □Remove _____ Change _____ Change __ 🗆 Add

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Note: If the date inserted in t	n the date of filing: te must be specific and cannot be prior to chis block does not meet the applicable the Department of State's records.	late of filing or more than 90 days	optional) after filing.) Pur . this date will	suant to 605.0207 (not be listed as t
e record specifies a delayed ef rd is filed.	Tective date, but not an effective time	, at 12:01 a.m. on the earlier o	f: (b) The 90	th day after the
Dated August	No. 2071 Signature of a member or authorize	ed representative of a member		
ý	/			