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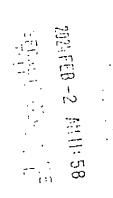
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: <u>Maria & Ro</u>	nse Cleaning Enterprises LLC Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Marianella Rivas Riera			
		Name of Person		
	_Maria & Rose Cleaning Er	nterorises I I C	NAC STATE	
		Firm/Company		
	11700 NW 101st R			
		Address	· '	
	Medley, FL 33178	City/State and Zip Code		
	info@mandrlic.com E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Marianella Rivas Riera	f Person	at (_ ₃₀₅) <u></u>	ne Telephone Number	
Name	i russii	Alea Code Dayun	ic receptotic remited	
Enclosed is a check for the	ne 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 Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	7	The Centre of		
Tallahassee, l	TL 32314	2413 N. MONTO	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

Macio & Bose Clea (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	iic_
The Articles of Organization for this Limited Liability Compan	ny were filed on _05/07/2021	and assigned
Florida document number 121000214339		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Maria & Rose Enterprise LLC The new name must be distinguishable and contain the words "Limited Lial	Like Company "the designation of LC"	ather the winting W. I. C. "
Enter new principal offices address, if applicable:	omity Company, the designation line of	The abbreviation 1.1.C.
(Principal office address MUST BE A STREET ADDRESS)		- E
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	<u></u> &
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	e 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	
		.d.
	City , Flori	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

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
			□ Add
			□Remove
			□Change
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ctive date, if other than the da	te of filing:	(6	eptional)	
effective date is listed, the date must be e: If the date inserted in this block	does not meet the applicable			
ument's effective date on the Depa	riment of State's records.			
cord specifies a delayed effective de filed.	ate, but not an effective time,	at 12:01 a.m. on the earlier o	f: (b) The 90	th day after the
ed 31 January Ha	, 2024			
Ú,	yennella) Rem	4 Reiona		
	nature of a member or authorize	d representative of a member		