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





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05/19/23--01020--021 **25.00



A. RIVERS
JUL 1 9 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meticulous (Name of the Limited)	Housekeepi Liability Company as it how Florida Limited Liability Con	NG BY ShAR appears on our records.)	on LLC	
The Articles of Organization for this Limited Liabi Florida document number <u>£2.1000</u> 34		on June 7,200	U and assign	ed
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability comp	any here:		
The new name must be distinguishable and contain the word: Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	le:	," the designation "LLC" or the a	abbreviation "L.L.C.	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	<u></u>	,	·-··	
B. If amending the registered agent and/or regingent and/or the new registered office address h	ere:		2025	gistered
Name of New Registered Agent:	Sharon	Nicholls	<u> </u>	• •
New Registered Office Address:	En	ter Florida street address	9 7 8	<u>;</u>
-	City	, Florida	Zip Code G	
	Cary		mp Come	

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>	Name	<u>Address</u>	Type of Action
MGR	Sharon Nicholls		□Add
Pre	U NAME Shiteon Micare		□Remove
	Shiteon Micare		Change
			DAdd
			□Remove
		·	☐ Change
			□Add
			Remove
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			□Λdd
		·	□Remove
			□Change
			□Remove
			□ 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

Type of Action Address Title Name MGR Sharon Nicholls PREU NAME Sharon Micare ______ Remove ____ □Change ______ □Remove □Remove _____ □Change _____ □Remove _____ □Add _____ □Remove _____ □Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) L hope I filled this our Correctly-
一	ChanGED my last NAME from
<u>سلس</u> .	
	MICARE to Nicholls
	- Am the owner And only employee
	of Meticulous House Keeping By Shallon
- · <u>- · · · · · · · · · · · · · · · · ·</u>	
-	
Effective (late, if other than the date of filing: MAY 17th 2023 (optional)
If an effective	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	s effective date on the Department of State's records.
	26 - 21 - 4 Oming the true of the Province for a 1201 a.m. on the parliar of the The 90th downstar.
ie record spo ord is tiled.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the entire of the earlier of the earlie
ſ	no 17th nonz
Dated	11AY 11 3000.
	Staron Nichalls
•	Signature of a member or authorized representative of a member

Filing Fee: \$25.00