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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: M & H	Painting & Cler	aning Seknces, LC nited Liability Company	··· <u>·</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person Noting & Cleaning Stanton	Phinces, U.C
	<u> 5849 (</u>	Strada Capri Wa	.4
	_	NAV FU 32835 City/Slate and Zip Code	~;
	MHPainto E-mail address: 1	Lean @ amail . Com	fication)
For further information co	oncerning this matter, please ea		
Rebecca Joname of	Person	at (407) Lelle - 2 Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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 Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYH Painting & Cleaning	9,46	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 121000314954 .	were filed on 09 12 2021	and assigned
Florida document number <u>UZIOU 310799</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
<u>n</u> a		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		~ >
(Principal office address MUST BE A STREET ADDRESS)		
		:
		1
Catenary mailing address if analizable.		·
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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
MGR	Rebecca Johnson	5867 Strada Capri Way	¥Add
		Ollando, Fl 32835	□Remove
			□Change
MGR	Harold Nieves	752 Country Woods CIRCH	
		KISSIMMER, FL 347144	Remove
			Change
			□ Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
		□Remove	
			□ Change
			□Add
			□Remove
			Change

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	the date must be specific d in this block does n	and cannot be prior to of meet the applical	o date of filing or more th ble statutory filing req		
cord specifies a delay s filed.	ed effective date, but	not an effective tin	ne, at 12:01 a.m. on the	e earlier of: (b) Th	e 90th day after the
ed August	5	, 2024 ur o			
	Signature o	of a member or author	ized representative of a r	nember	