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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			

Office Use Only

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SECRETARY OF STATE

D. BRUCE MAR 23 2027.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2022

BROOKE DELANEY DEEGAN 643 S. PRESERVE VIEW PONTE VEDRA BEACH, FL 32081

SUBJECT: MAID4PERFECTION L.L.C.

Ref. Number: L21000413094

We have received your document for MAID4PERFECTION L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 922A00004852

SECRETARY 23 TALL AFFASS

IR 23 PH 6: 05

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	Maid4Perfe	ction LL.C.					
		nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	BY	Name of Person	ey Deed	jan	-		
		Maid 4 Perfect	tion				
	643 9	Firm/Company 5. Preserve Address	View		_		
		Ponte Vedvo City/State and Zip Cod-		081	-		
		A + Per fection to be used for future annual			SECRE	2022 HAR 23	, 20
For further information c	concerning this matter, please c	all: 678					1
BY00ke D Name o	eeaan of Person	at (3208))		0336 ephone Number		PH 6: 05	WEAR.
Enclosed is a check for the	he following amount:				n:)	S	
□ \$25.00 Filing Fee	▼ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Fi Certificat Certified (additional	te of Stat Copy	us &	
Mailing Addres Registration S	Section		Address: ration Section	1			
Division of Corporations Division of Corporat		ations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Maid 4 Perfect</u>	10n L.L.C.		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on September 17, 2021 and assigned		
Florida document number <u>L21000413094</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	643 S. Preserve View ponte redra		
(Principal office address MUST BE A STREET ADDRESS)	PL, 32081		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	643 S. Preserve VIEW Ponte Vedra FL, 32081		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Le Hoegavi 43 S. Preserve View Emer Florida street address 3208)		
	Cuv Florida 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
AMBR	Brooke Delaney Deegan	643 S. Preserve View	l ⊻ Add
	- J	Ponte Vedra, FL 32081	□Remove
			Change
MGR	Brooke Delaney Deegan	643 S. Preserve View Ponte	∑_ ⊠ Add
		Vedra, FL 32081	□Remove
			□Change
			□Add
			□Remove
		TALL	Change Change
			#Add 7
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			□Add
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