L21000507635

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

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COVER LETTER

TO: Registration Sec Division of Corp			•	,	
·					
SUBJECT: MABL Le	gacy Cleaning, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	idence concerning this matter	to the following:			
Trease retain an extresion	idence concerning and matter	w the following.			
	BENISE LAURORE				
		Name of Person			
	MABL Legacy Cleanir	-			
		Firm/Company			
	10 RAINMILL PL				
		Address			
	PALM COAST, FL 3	32164			
		City/State and Zip Code			
	laurorebenise@gmai				
	E-mail address: (to be used for future annual report r	notification)		
For further information co	oncerning this matter, please e	all:		2021	
BENISE LAURORE		at (<u>561</u>) 577-980	08	2021 DEC 13 5 TARETAS	,=]
Name of	Person	Area Code Day	time Telephone Number		5 emit
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De la Proposición	e 11 - 2				وريد
Enclosed is a check for the	e following amount;			16.23	-4.0
☐ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Fil	ling Fee. =	
	Certificate of status	(additional copy is enclosed)	Certified	Сору	
			(additional	copy is enclosed)	
Mailing Address	<u>i:</u>	Street Address	<u>.</u>		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MABL Legacy Cleaning, LLC

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

The Articles of Organization for this Limited L	iability Company we	ere filed on <u>11/30/20</u>	021 and assigned	
Florida document number L21000507635	 -			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabilit	y company here:		
The new name must be distinguishable and contain the w	vords "Limited Liability	Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	rable:	10 RAINMILL, PALI	M COAST, FL 32164	
ida document number L21000507635 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u> _			
		fress on our records,	enter the name of the new registere	<u>d</u>
Name of New Registered Agent:				
New Registered Office Address:	10 RAINMILL F			
		Enter Florida stree	t address	
	PALM COAST		Florida <u>32164</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing I	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
		1 .	
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			☐ Change
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			□Add
			□Remove
			□ Channa

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DENIGE LAUDODE	Signature of a member of authorized representative of a member	

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Filing Fee: \$25.00