121000525847

| (Requ | uestor's Name) | |
|----------------------------|-------------------------------|-------------|
| (Addı | ress) | |
| (Addr | ress) | |
| (City/ | State/Zip/Phone # |) |
| PICK-UP | WAIT | MAIL |
| (Busi | ness Entity Name |) |
| (Doci | ument Number) | |
| Certified Copies | Certificates of | f Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| | | |
| (Doct | ument Number) Certificates of | |

Office Use Only



600381276396

02/28/22--01034--007 **80.00

2021 FEB 28 PM 2: 48
SECRETARY OF STATE

A. BUTLER MAR - 7 2022.

COVER LETTER

| Division of Corp | porations | | |
|-----------------------------|--|---|---|
| SUBJECT: | The Ho | use Maids Servi | ces LLC |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | idence concerning this matter | to the following: | |
| | | Name of Person | 110 |
| | The Hous | R Maids Service | es III |
| | <u>lele085.</u> | Westshore Blu Address | d. Apt. 2107 |
| | | City/State and Zip Code | |
| | Owner | OHULDUSEMAIC To be used for future annual report not | 1s.biz |
| For further information co | oncerning this matter, please ca | | incation) |
| Micole | M Dougall | ar (260) 404. | 5914 |
| Name of | Person | Area Code Daytin | e Telephone Number |
| Enclosed is a check for the | e 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) |

TO: Registration Section

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

Street Address:

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

FILED

| The House Me | aids Survices Ll | 2021 FEB 28 PM 2: 48 |
|--|---|------------------------------------|
| (Name of the Limited Liabilit (A Florida | ty Company as it now appears on our re- Limited Liability Company) | TALLAHASSEF, FI |
| The Articles of Organization for this Limited Liability C | ompany were filed on 12/14/ | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR | | LLC" or the abbreviation "L,L,C," |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | l office address on our records, <u>en</u> | ter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street ad | dress |
| | | . 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 reinoved from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** 6608 S. Westshore Blud. DANG MGR Michael Zorica Apt. 2107 Tampa, FL. 33616 Remove _____ Change _____ □Remove _____ □Change _____ DAdd □ Change _____ □Add ______ □ Remove _____ □Change ______ □Change ____ □ Remove

| | | | · · | | | | |
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| <u>te:</u> If ti | date, if other than the date is listed, the date the date inserted in this is effective date on th | s block does not | t meet the applic | able statutory fil | more than 90 days ing requirements. | p ptional) after filing.) Pursuant , this date will not b | to 605.0207 be listed as |
| cord sp s filed. | ecifies a delayed effe | ctive date, but no | ot an effective ti | ime, at 12:01 a.n | n, on the cartier of | f: (b) The 90th day | y after the |
| ed | February | 24 | . 2023 | <u>-</u> . | | | |
| | | Signature of | oucn | orized representati | of a member | | |
| | | Nicole | | sugall | | | |

Filing Fee: \$25.00