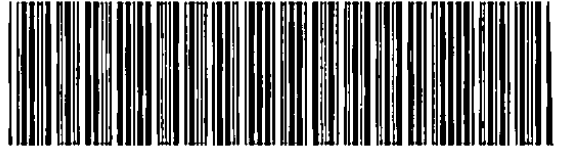


LA2000063294



200397715122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

11/28/22--01025--014 **

2022 NOV 28 PM 2:55
SECRETARY OF STATE
HALL MARK 2224

TO: Registration Section
Division of Corporations

SUBJECT: JENNY MAGIC CLEANING
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennyfer Espinosa Montero
Name of Person

Firm/Company

18124 Birdwater Dr.
Address

TAMPA / FLORIDA / 33647
City/State and Zip Code

jennyferespinosa26@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV 28 PM 2:55

For further information concerning this matter, please call:

Jennyfer Espinosa at () 813 723 9626
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

TO
ARTICLES OF ORGANIZATION
OF

Jenny MAGIC 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 Liability Company were filed on 02/07/2022 and assigned Florida document number L22000063294

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2022 NOV 28 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jennyfer Espinosa Montero

New Registered Office Address:

18124 Birdwater Dr.

Enter Florida street address

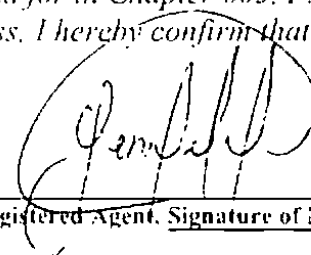
Tampa
City

Florida

33647
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
AMBR	Jennyfer Espinoza (latter)	18124 Birdwater Dr.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Chan
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Chan
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chan
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chan
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chan

2011 NOV 29 PM 12:55
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-11-2011 BY 60322
UCBAW/SJS/STP

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2022 NOV 28 P 12:55
SECRETARY OF STATE
TALLAHASSEE, FL

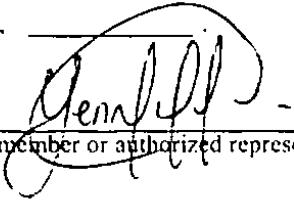
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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:

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/18/2022



Signature of a member or authorized representative of a member

JENNYFER ESPINOSA MONTERO

Typed or printed name of signer