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## **COVER LETTER**

TO:

Registration Section

Division o	f Corpora	tions						
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SUBJECT:		742-	Name of Lim	ited Liabili	ty Company		·	<del></del> _
The enclosed Articl	Division of Corporations  ECT: MIAMI TURE CLEANING LLC  Name of Limited Liability Company  Inclosed Articles of Amendment and fee(s) are submitted for filing.  Treturn all correspondence concerning this matter to the following:  CARLOS DEVARONA  Name of Person  MANI TURE CLEANING LLC  Firm/Company  Bood NR 31 57 UNIT B  Address  DREAL J3122  City/State and Ztp Code  C devarona 5 B 3mail. Com  E-mail address: (to be used for future annual report notification)  Their information concerning this matter, please call:  CARLOS DEVARONA  Name of Person  Area Code Daytime Telephone Number  Telephone Number  Telephone Person  Mailing Fee See Certificate of Status Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Mailing Address:  Registration Section							
Please return all cor	responden	ce concernin	g this matter	to the foll	owing:			
	_	_	CARL	05 D	EVARON	لىرى		
	_	•		Nan	ne of Person			
		MI	AMI TH	er o	CLEANI	~4	LLC	
	_	_		Fire	n/Company	· ·		<del></del>
	_	8000	NW 3	1 57	UNIT	8		
					Address			
		4	ODEDL	FL	روو	22		
		•		City/Stat	te and Zip Cod	le		<del></del>
		(	cdevar	ona 5	For filing.  CLEANING ALC  Firm/Company  CLEANING ALC  Firm/Company  CLEANING ALC  Firm/Company  CLEANING ALC  Firm/Company  Company  Address  L 33122  State and Zip Code  5 @ 9mail Com  d for future annual report notification)  at (305) 796 7675  Area Code Daytime Telephone Number  55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address:			
		E-r	nail address: (1	to be used f	or future annu	al report n	otification)	····
For further informat	ion concer	ning this ma	tter, please ca	all:				
CAE	205	DEVAR	ONA	at	305	796	7675	
No	me of Perso	on		aı	Area Code	Dayt	ime Telepho	ne Number
Enclosed is a check	for the foll	lowing amou	int:					
S25.00 Filing Fo	ee 🗆			Cei	tified Copy			Certificate of Status & Certified Copy
Mailing Ac	ldress:				Street 2	Address:		
Registrati	on Section				Regist	tration S		
Division P.O. Box		rations					•	
Tallahass		2314						

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited I	Sability Company of the same and the same an
(A F	Liability Company as it now appears on our records.) Florida Limited Liability Company)
ne Articles of Organization for this Limited Liabil orida document number <u>4 22 00 00</u> 76 4	lity Company were filed on <u>FEB 16</u> 2022 and assigned
is amendment is submitted to amend the following	ng:
If amending name, enter the new name of the	e limited liability company here:
e new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	e: 8000 NW 31 ST UNIT8
rincipal office address MUST BE A STREET A	(DDRESS) DORAL FL 33122
nter new mailing address, if applicable:	8000 NW 31 ST UNIT 8  (DDRESS) DORAL FL 33122  8000 NW 31 ST UNIT 8  X) DORAL FL 33122
ailing address MAY BE A POST OFFICE BO	X) <u>ODEAL FL 33/22</u> 5
If amending the registered agent and/or registered affice address he	stered office address on our records, <u>enter the name of the new reg</u> ere:
Name of New Registered Agent:	CARLOS DEVARONA  BODD NW 31 ST UNIT B
	0
New Registered Office Address:	Finer Florida street address
New Registered Office Address:	Enter Florida street address  DOEAL Florida 33/22  City Zip Code

MILLAN

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
ANBR	SALVADOR DURUN	400 NW IST DVE APT 1510	🗆 Add
		MIAMI FL 33128	Remove
			□Change
MGR	CARLOS DEVARONA	8000 NW 31 ST UNITB	MAdd
		OORDL FL 33122	□Remove
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