

122000088942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

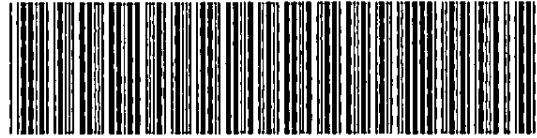
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800387020258

05/02/22--01037--011 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 MAY -2 AM 11:39

T. MATTHEWS

JUN 23 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mullen Cleaning Solutions LLC  
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:

Trayvon Mullen  
Name of Person

Mullen Cleaning Solutions LLC  
Firm/Company

11620 NE 35th Street  
Address

Pompano Beach FL 33064  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trayvon Mullen at 954 549 9632  
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

FIELD  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Mullen Cleaning Solutions, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>      | <u>Address</u>                   | <u>Type of Action</u>                      |
|--------------|------------------|----------------------------------|--|
| MGR          | Lauren Schneider | 11620 NE 35 <sup>th</sup> Street | <input type="checkbox"/> Add               |
|              |                  | Pompano Beach FL 33064           | <input checked="" type="checkbox"/> Remove |
|              |                  |                                  | <input type="checkbox"/> Change            |
| MGR          | Trayvon Mullen   | 11620 NE 35 <sup>th</sup> Street | <input checked="" type="checkbox"/> Add    |
|              |                  | Pompano Beach FL 33064           | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
|              |                  |                                  | <input type="checkbox"/> Add               |
|              |                  |                                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
|              |                  |                                  | <input type="checkbox"/> Add               |
|              |                  |                                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
|              |                  |                                  | <input type="checkbox"/> Add               |
|              |                  |                                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
|              |                  |                                  | <input type="checkbox"/> Add               |
|              |                  |                                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |

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

Change manager name to myself Trayvonmullen  
Rennae Lauren Schneider as manager

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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 April 26<sup>th</sup>, 2022

Trayvon Mullen SR  
Signature of a member or authorized representative of a member

Trayvon Mullen SR  
Typed or printed name of signee