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## **COVER LETTER**

TO: Registration Sec Division of Corp		•	
SUBJECT:	MDEM CI-	eaning, LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
		Garcia Mol Name of Person Cleaning, LL Firm/Company	
	6001 To	un n Country Address	BIVel
	Tampa,  darys o  E-mail address: (for	FL 33615  City/State and Zip Code  1 A C C A 17 @ i C lo  6 be used for future annual report notific	oud. Com
For further information co	ncerning this matter, please ca		
Darys Ga	rcia Molina Person	at ( <u>813</u> ) <u>522 –</u> Area Code Daytime	9366 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	i į	Street Address:	

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

FILED

MD&M	· Cleaning,	LLC 2022 JUN - 6 AM	9: 55
( <u>Name of the Limited I</u> (A	iability Company as it now apper forida Limited Liability Company	SFL: NOS	,
<del>-</del>		1 5 22 TALL AHASSEE, and assig	FL ned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company l	<u>here</u> :	
The new name must be distinguishable and contain the word	"Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicabl	e:		
Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  Enter Florida street address  Florida			
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	· <del>-</del>
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
		records, enter the name of the new i	registered
Name of New Registered Agent:		<u> </u>	<del></del>
New Registered Office Address:			
	Enter Fl	lorida street address	
_			
	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 removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	Darys Garcia Molin	ng 600) Town n Country B	Nd Wadd
		Tampa, FL 33615	□Remove
			□Change
		<del></del>	□Add
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Efective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to cote:  If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.	
record specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ated Sag 5/27/22.	.•	
hag		