

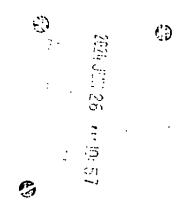
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Division of C			
PRO CLI	EANING & RESTORATION SC	DLUTIONS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARIA JULIA ALVARA	DO SUAREZ	
		Name of Person	-
	PRO CLEANING & RES	TORATION SOLUTIONS LLC	
		Firm/Company	
4657 EGG HARBOR DRIVE			
		Address	
	KISSIMMEE FLORIDA	4746	
		City/State and Zip Code	
	INFO@MAJASOLUTIONS		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
MARIA JULIA ALV/	ARADO SUAREZ	407 4178323	
Name	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	etion
Division of	Corporations	Division of Corp	porations
P.O. Box 6.	327 , FL 32314	The Centre of Ta	allahassee e Street, Suite 810

Tallahassee, FL 32303



May 22, 2024

MARIA JULIA ALVARADO SUAREZ 4657 EGG HARBOR DR KISSIMMEE, FL 34746

SUBJECT: PRO CLEANING & RESTORATION SOLUTIONS LLC

Ref. Number: L22000283118

We have received your document for PRO CLEANING & RESTORATION SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah White Regulatory Specialist III

JUN 2 6 2024

Letter Number: 724A00011247

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO CLEANING & RESTORATION SOLUTIONS LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	filed on 04/25/2024 and assigned
Florida document number L22000283118	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
MAJASOLUTIONS LLC	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	er.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
muning university Distriction of Tree bony	
_	9
B. If amending the registered agent and/or registered office addres	s on our records, enter the name of the new register
agent and/or the new registered office address here:	<u> </u>
	; cg
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	tv 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
AMBR	MARIA JULIA ALVARADO SUA	4657 egg harbor drive, Kissimmee florida 34746	⊋ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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ote: If the date insert	er than the date of fi I, the date must be specific ted in this block does n ate on the Department	not meet the applicab	date of filing or more to the statutory filing red	(optional) han 90 days after filing.) quirements, this date v	Pursuant to 605.0207 vill not be listed as
ecord specifies a dela is filed.	nyed effective date, but	not an effective tim	e, at 12:01 a.m. on th	ne earlier of: (b) The	90th day after the
, APRIL 25th		2024	_•		
ted		K NU X			
ted	Signature	Authoride de authori	zed representative of a	inember	