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## **COVER LETTER**

SURJECT: MORITA	CLEANING SERVICE LLC		
3003ECT.		ited Liability Company	<del>.</del>
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Juan Pablo Velasquez		
		Name of Person	
	Morita Cleaning	Service LLC	<u> </u>
		rirm/Company	
	7940 Preserve Cir, APT #	928	
	<u> </u>	Address	
	Naples, FL, 34119		
	<del></del>	City/State and Zip Code	····
	juan.velasquez@snhu.edu		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Juan Pablo Velasquez		at ( 786 ) 7736495	
Name e	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration So	ection

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

**Division of Corporations** 

TO:

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

MORITA CLEANING SERVICE LLC

2023 DEC -4 AM 8: 01

(Name of the Limited Liab (A Flori	ility Company as it now appears on our record da Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability		and assigned
Florida document number L220000298259	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
MORUS LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here.		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	\$
		orida
	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
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			□ Remove
			□ Change
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fecti	ve date, if other than the date of filing: (optional) ective 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
	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
ecord is fil	d 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
19 111	.u.
ited	
	Junit Yablo'Velasque 2
	Juni Pablo Vela Sque 2 Signature of a member or authorized representative of a member