

L22000405911

(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:

Article "A" was removed due to  
it matching the original articles.  
Officer title was changed to  
"mgr" As "ms" is not an  
acceptable title.

N/c A

Office Use Only



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09/29/22--01008--009 \*\*25.00

2022 SEP 29 AM 10:20

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

3 2 2022

DEC 22 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mommy Cleaning Service  
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:

Angie M. Nelson  
Name of Person

Mommy Cleaning Service  
Firm/Company

1850 N. Congress Ave Apt. 401  
Address

West Palm Beach FL 33401  
City/State and Zip Code

Angienelson112@attlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angie Nelson at (561) 603-6729  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Mommy Cleaning Service L.L.C

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/16/2022 and assigned Florida document number L22000405911.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1850 N. Congress Ave  
Apt. 401  
West Palm Beach FL  
33401

**Enter new mailing address, if applicable:**

(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:

Angie M Nelson

New Registered Office Address:

1850 N. Congress Ave Apt. 401

Enter Florida street address

West Palm Beach, Florida 33401

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 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>                      |
|--------------|------------------------|------------------------------------|--|
| <u>MIS</u>   | <u>Angie M. Nelson</u> | <u>1850 N. Congress Ave</u>        | <input checked="" type="checkbox"/> Add    |
|              |                        | <u>Apt. 401. West Palm Beach</u>   | <input type="checkbox"/> Remove            |
|              |                        | <u>FL. 33401</u>                   |  |
|              |                        |                                    | <input type="checkbox"/> Change            |
| <u>MS</u>    | <u>Tia Fagon</u>       | <u>1850 N Congress Ave Apt 401</u> | <input type="checkbox"/> Add               |
|              |                        | <u>West Palm Beach FL</u>          |  |
|              |                        | <u>33401</u>                       | <input checked="" 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            |

[illegible]

(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)

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 1/26/ 2002

Angie M Nelson

Typed or printed name of signee

**Filing Fee: \$25.00**