L23000045732

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S. ROBERTS

COVER LETTER

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MARANATHA HEAVY CLEANING SERVICES 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:	
ANACLARA PIEMENTA	
Name of Person	-
ACP BUSINESS USA CORP	
Firm ² Company	-
777 BRICKELL AVE 500 71	
Address	-
MIAMI FL 33131	
City/State and Zip Code	-
ANACLARA@ACPBUSINESSUSA.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ANACLARA PIMENTA 407 233-6595	
Name of Person Area Code Daytime Telephone Numbe	Г
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A CONTROL OF THE CONTROL OF THE A STREET CONTROL OF THE CONTROL OF

(Name of the Limited Liabil) (A Florid	lity Company as it now appears on our records la Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability C	Company were filed on 01/24/2023	and assigned
lorida document number <u>L23000045732</u>	·	
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:	 _	.02311
Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·

Inter new mailing address, if applicable:		:2
Mailing address MAY BE A POST OFFICE BOX)		35
3. If amending the registered agent and/or registere	ed office address on our records, <u>enter t</u>	the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
		rida Zin 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	JOSE FIDELES, WELLINGTON	311 6TH CT #1	
		POMPANO BEACH, FL 33060	≣Remove
			□Change
AMBR	OLIVEIRA RODRIGUES, CHRIST LANE	311 6TH CT #1	□Add
		POMPANO BEACH, FL 33060	⊞ Remove
			☐ Change
			□Add
			□Remove
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			□Remove
			□ Change

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Filing Fee: \$25.00