

L23000264672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

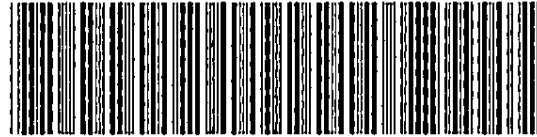
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TALLAHASSEE FL 32301

TO: Registration Section

SUBJECT: Flip Flops 'N Mops Home Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leona M Bryant
Name of Person

Firm/Company

3730 Alva Thomas Rd Panama City FL
Address 32404

Sexton.marie.ms@gmail.com
City/State and Zip Code:
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leona M. Bryant - 850 851-7482
Name 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) | ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Registration Section
Division of Corporations
Tallahassee, FL 32314

Registration Section
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Flip Flops 'N Mops Home Solutions LLC
(The new name must be distinguished and contain the words "limited liability company" and designation "LLC" or the abbreviation "LLC".
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/31/2023 and assigned
Florida document number L23000264672

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

MB Professional Cleaning Solutions LLC

The new name must be distinguished and contain the words "limited liability company" and designation "LLC" or the abbreviation "LLC".

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3730 Alva Thomas Rd
Panama City FL 32404

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:

New Registered Office Address:

Enter Florida street address

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept this appointment as registered agent and agree to be bound by 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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
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		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory timing requirements, this date will not be used as the document's effective date on the Department of State's records.

Dated Feb 11 : 2024

Leona M Bryant
Typed or printed name of signee