Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAID TO PLEASE SERVICES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section

| Division of Cor | porations | | | |
|---------------------------------|---|---|---|---------------------|
| Maid To Pl SUBJECT: | ease Services LLC | | | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Jonathan Taboada | | | |
| | | Name of Person | | |
| | ZenBusiness INC | | | |
| | | Firm/Company | | |
| | 336 E. College Ave Suite | 301 | | |
| | | Address | | 2(|
| | Tallahassee, FL 32301 | | |)21 ₁ Å |
| | | City/State and Zip Code | | - 90 |
| | fulfillment@zenbusiness.co E-mail address: (| to be used for future annual report not | ification) | |
| For further information c | oncerning this matter, please c | | ع٠ <u>.</u> | 2024 AUG -1 PH 1: 2 |
| c/o ZenBusiness INC | | 844 493-6249 | ,~~; . • | 2 23 |
| Name o | f Person | at () | ne Telephone Number | _ |
| Enclosed is a check for th | ne 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 F Certificate of S Certified Copy (additional copy is | Status & |
| Mailing Addres | | <u>Street Address:</u> | | |
| Registration S Division of C | Section | Registration Sc Division of Co | | |
| P.O. Box 632 | - | The Centre of | l'allahassee | |
| Tallahassee, l | FL 32314 | 2415 N. Monro | se Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Maid To Please Services LLC | | |
|--|---|--|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our re Limited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 06/13/2024 | and assigned |
| Florida document number L23000286673 | _·· | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| A Handy Maid LLC | | |
| The new name must be distinguishable and contain the words "Limi | ited 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 ADDR | <u></u> | 2 Կ |
| | | |
| | | <u> </u> |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | *· | |
| | | ·- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |
| | | |
| B. If amending the registered agent and/or registered | l office address on our records, <u>er</u> | nter the name of the new register |
| agent and/or the new registered office address here: | | |
| None of New Designand Assets | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ac | daress |
| | | . Florida |
| | 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than fan effective date is listed, the date Note: If the date inserted in thi document's effective date on the | must be specific and cannot be is block does not meet the ap | pplicable statutory fil ords. | more than 90 days after fil ling requirements, this d | ing.) Pursuant to 605.0207 ate will not be listed as |
| | | | 33 315 3 35 7 LAN | |
| | ective date, but not an effecti | ive time, at 12:01 a.n | i, on the earlier of: (6) | The 90th day after the |
| d is filed. | | | i, on the earner of: (b) | The 90th day after the |
| e record specifies a delayed efferd is filed. Dated 66/13 /s/Jennifer Cink | . 2024 | · | | The 90th day after the |
| rd is filed. Dated | | · | | The 90th day after the |

Filing Fee: \$25.00