L23000281159

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer
Special managements to	
	J. HORNE
	FEB 1 9 2024

Office Use Only



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02/05/24--01015--018 **25.00



, ÇOVER LETTER

			·
	Cleans L.L.C.	•	
SUBJECT:	Mari B Cleans L.L.C. Name of Limited Liability Company		
Please return all con	respondence concerning this matter	to the following:	
	Angie Guadalupe Hernand	dez	
		Name of Person	
	Mari B Cleans L.L.C.		
		Firm/Company	
	4600 SW 67th AVE, APT	.#219	
		Address	
	MIAMI, FL 33155		
	MARIBCLEANS@GMAII	•	
			fication)
For further informat	ion concerning this matter, please c	eall;	
ANGIE G. HERNANDEZ			
N:	ame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F		Certified Copy	Certificate of Status & Certified Copy

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

24 FEB - 5 AM 11: 03

MARI B, CLEANS 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 v	vere filed on	and assigned
Florida document numbc		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	"LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, 9	
New Registered Office Address:	Enter Florida street	adduss
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duti rovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Chans	ing Registered Agent, Sign:	ture 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>	Address	Type of Action
MGR	Maria Guadalupe Martinez Bautista	1220 NW 13th ST, APT.#111	■Add
		BOCA RATON, FL 33486	Remove
			[L]Change
MGR	Angie Guadalupe Hernandez	4600 SW 67th AVE. APT.#219	
		MIAMI, FL 33155	_
			[]Change
			🗆 🗆 Add
			□ Remove
			□Change
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ective date, if other than the effective date is listed, the date in te: If the date inserted in this rument's effective date on the	block does not meet the	applicable statutory	tiling requirements	, this date will not be	605 02 listed
tument's effective date on the	Department of State 8 (ecords.			
ward experting a dalayort office	ive date, but not an effe	ective time, at 12:01 a	a.m. on the earlier c	of; (b) The 90th day	after tl
s filed.	2024	· · ·			
FEB. 1	·	1H2			
s filed.	Signature of a member	1H2	taive of a member		_

Filing Fee: \$25.00