

L23 000 HHS 001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

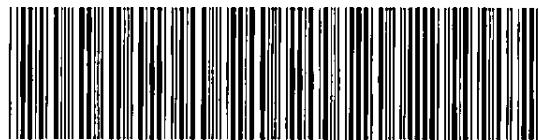
(Business Entity Name)

(Document Number)

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2023 OCT -5 AM 11:09  
SECRETARY OF HEALTH  
TALLAHASSEE, FL 32310

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARY MULTISERVICES 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:

MARIA L MALDONADO GONZALEZ

\_\_\_\_\_  
Name of Person

MARIA L MALDONADO GONZALEZ

\_\_\_\_\_  
Firm/Company

244 FELTRIM RESERVE BLVD

\_\_\_\_\_  
Address

DAVENPORT FLORIDA 33837

\_\_\_\_\_  
City/State and Zip Code

MARYMULTISERVICES23@GMAIL.COM

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

2023 OCT -5 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARIA L MALDONADO GONZALEZ

407 4317986  
at ( )

\_\_\_\_\_  
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)

**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**

MARY MULTISERVICES LLC

(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 SEPTEMBER 26, 2023 and assigned  
Florida document number L23000445001.

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)**

**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**

*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>
MGR	LAURA V CARRASQUERO	244 FELTRIM RESERVE BLVD, DAVENPORT,	<input type="checkbox"/> Add
		FLORIDA, 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICARDO E CARRASQUERO	244 FELTRIM RESERVE BLVD, DAVENPORT,	<input type="checkbox"/> Add
		FLORIDA, 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FL  
2003 OCT 15 AM 11:09  
Change  
Add  
Remove  
Change

2013 OCT -5 AM 11:09  
SECRETARY OF STATE  
WASHINGTON DC 20520

SECRET  
2073 OCT -5 AM 11:09  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 08-28-2001 BY 60322 UCBAW

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

Dated SEPTEMBER 29 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee