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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALPHA ACCOUNTING AND TAX SERVICES LLC

Account Number : I20230000117 Phone : (786)800-8568 Fax Number : (786)345-7092

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

Email Address: \_\_yailemsuarez@hotmail.com\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAIRELY CLEANING SERVICES LLC

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## **COVER LETTER**

	ision of Cor				
SUBJECT:	MAIRELY	CLEANING SERVICES LLC	•	<b>;</b> ·	
SUBJECT:	<del></del>	Name of Limi	ted Liability Company	<del></del>	<del></del>
The encloses	d Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspo	ndence concerning this matter (	to the following:		
		Mairely Gonzalez Ramos			
			Name of Person		<del></del>
		MAIRELY CLEANING SI	ERVICES LLC		
			Firm/Company		
		15280 SW 171ST ST			
			Address		<u>-</u>
		MIAMI, FL 33187			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		<del></del>
		mairely1984@gmail.com			
		-	o be used for future annual rep	ort notification)	
For further i	nformation c	oncerning this matter, please ca	II:		
Mairely Gor	nzalez Ramos	1	786 227-8	314	
	Name of	Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for th	e following amount:			
<b>₺ \$25.0</b> 0 1	Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee of Certified Copy (additional copy is enclose	d) (	50.00 Filing Fee, ertificate of Status & Certified Copy additional copy is enclosed)
	iling Address		Street Addr		
Registration Section Division of Corporations			on Section of Corporations		
	). Box 6327	-		e of Tallahasse	
Tal	lahassee, F	L 32314		lonroe Street, S e, FL 32303	Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAIRELY CLEANING SERVICES LLC				
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on o mited Lisbility Company)	nc records")	<del></del>	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L23000502026</u>	npany were filed on 11/06/20	23	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbrevi	ation "L.L.C."	-
Enter new principal offices address, if applicable:			<del></del>	_
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>			-
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 here:	ffice address on our record	is, enter the name of	₩.	  
		ATE	30	
Name of New Registered Agent:	· ·	<del></del>	<u> </u>	
New Registered Office Address:	Enter Florida sti	eet address		_
		, Florida		_
	City	2	Lip 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>	Name	Address	Type of Action
AMBR	Mara Cristina Valdes Fernandez	8115 SW 17 Тептасе	<b>=</b> Add .
		Miami, FL 33155	□Remove
			□Change
		<u> </u>	□Add
		<del></del>	CRemove
		-	
		-	□Add
			П С С С С С С С С С С С С С С С С С С С
			☐ Change
			OAdd
			□ Remove
			Change
		-	DAdd
			□Remove
			Change
		<del></del>	DAdd
		<del></del>	CI Remove
			Change

if amending any other inform	mation, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
Effective date, if other than the selfective date is listed, the date is Note: If the date inserted in this document's effective date on the	the date of filing:
e record specifies a delayed effected is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 24	. 2024
	Signature of a member or authorized representative of a member
Mairely Gonzalez Ra	emot
WIALICIY GULZAICZ KA	Typed or printed name of signee