L24 0000 32704



(Requestor's Name)	
(Address)	0004
(Address)	0004
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	07/29/24-
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
1,23	

Office Use Only



000433434820

07/29/24--01019--001 **35.00

2034 / 1000 FH 2:15

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Mayley Maid & Move, 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:

Brooke A White

Name of Person

Marley Maid & More, LLC

Firm/Company

1973 Larkspur Crcle

Address

Pensacola, FL 30534

City/State and Zip Code

Drookenn + Cl991@auttor. Com

E-mail address: (to be used for future annual report houlincation)

For further information concerning this matter, please call:

Brooke A White at (334) 429 - 2188

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

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT: MUY	Tey Maid & Mare, UC Name of Limited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are submitted for filing.	
Please return all correspo	undence concerning this matter to the following:	
	Brooke A. White Name of Person	
	Marier Maid of More, LIC Firm/Company	
	133 Crowndale Rd	
	Cantonnent, FL 32533 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	<i>Y</i>
For further information co	concerning this matter, please call:	
Brockeaw	of Person Area Code Daytime Telephone Number	.
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	the following amount:	
□ \$25.00 Filing Fcc	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy

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

Marley Maid + More (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LQUCOO3QTGH</u> .	L. Isonii.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	133 Crowndale Rd Contonment, FL 30533
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 134 Cantonment, FL 32533
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
The state of the s	COUNTAIT RO Enter Florida street address
Cant	coment 32533

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

Zip Code

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 Type of Action Address Title Name 133 Crowndale Rd XAdd Brandon S Gomez Contament, FL 32533 □Change □ Remove _____ □Remove ______Change □Add

☐ Change

______ □Add

D. Ifame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
-	
•	
(If an ef Note:	live date, if other than the date of filing: ON DO DO (optional) Tective 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)0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the reco record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	August 28 . 2024.
	Signature of a member or authorized representative of a member
	Brocke A. White