L2400003-142

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05/06/24--01026--023 **25.00

05/06/24

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: MO	pa Masters LLC Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Vincent	Name of Person		-
	Mopa Ma	Stes LLC		-
	16048 Via	Solera Cir Address	Apt 106	-
	Fort Myer	S Florida City/State and Zip Code	33908	-
	Leviny 330 E-mail address: (4	pagnal. Wm	eport notification)	
For further information e	oncerning this matter, please ca			
Vincent Name o	r Person	at ((o q) Area Code	Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
Ş₄\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encle	Certified Certified	ate of Status &

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**

	-LC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iy as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liability Company visiting document number 124000 6944.	were filed on 01/C	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Cleaning to Fort Myers LLC The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	20
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
Now Desirenced Ament's Cinautous if shanoing Desistered Aments	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

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ective date, if other than the date of effective date is listed, the date must be spece: If the date inserted in this block document's effective date on the Department.	cific and ca es not mea	annot be prio et the appli	cable statuto		90 days after	filing.)	
record specifies a delayed effec he 90th day after the record is		te, but n	ot an effe	ctive time, a	it 12:01	a.m. o	n the earlier (
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