## L2400007920S

(Re	equestor's Name)	
(Ad	ldress)	
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☐ PICK-UP	☐ WAIT	MAIL
_	_	
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(Do	cument Number)	•
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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2024 FEB 28 AMII: 49 SECRETARY OF STATE

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
subject: <u>Мак</u>	d To Order R	Residential Cleanied Liability Company	aning LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Laure	Torres Name of Person	
	Maid To Or	der Resident	ial Cleaning LC
	_3226 B	elleville Rd	EB 28 N
	West Palm 1 leolaurg	Beach FL 32 City/State and Zip Code 74 @ 240hco. CO	TARK OF STATE AND SEEF FL
For further information co	ncerning this matter, please ca	to be used for future annual report noti all:	fication)
Laura Name of	Torres	at (772) 579 Area Code Daytim	- 6533 e Telephone Number
Enclosed is a check for the	e following amount:		
S \$25.00 Filing Fee	S30.00 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 S Division of Co P.O. Box 632	ection orporations	<u>Street Address:</u> Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maid To Order Residential Cleaning 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 $02 - 13$	3-2024 and assigned
Florida document number <u>L24000079205</u>		
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	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	SECON TO
		FB FB
		A No.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		mo =
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	Hace
	Enter I amida sireet de	III I S
<del></del>		, 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 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
AMBR	Laura Torres	3226 Belkville Rd	MAdd
		West Palm Beach	□ Remove
		FL 33417	Change
			□ Add
			Remove
		All	CR CHAdd
		AHASSEE, T	CECRETARY DE STATE
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fective date, if othe	r than the date of :	filing:		(opti	onal)
in effective date is listed	, the date must be specifed in this block does	ic and cannot be prior t			
ocument's effective d	ite on the Departmen	t of State's records.			
ecord specifies a dela is filed.	yed effective date, bu	it not an effective tin	ne, at 12:01 a.m. c	on the earlier of: (b	The 90th day after
ned <u>02 – 21</u>	-2024 fam Signature Laura	,	<u> </u>		
	Par	1 00			
	Signature	of a member or autho	rized representative	of a member	

. . . . .

Filing Fee: \$25.00