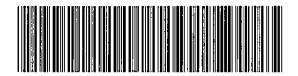
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

MR & MRS CLEAN CLEANING SERVICES LLC SUBJECT: \_\_\_\_\_ 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: Carmen C Gonzalez Name of Person MR & MRS CLEAN CLEANING SERVICES LLC Firm/Company 236 NW 14th St. Address Homestead, FL. 33030 City/State and Zip Code mandmeleanelean@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carmen C Gonzalez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR & M	RS CLEAN CLEANING SERVICES I	LLC	
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	02/20/2024	and assigned
Florida document numberL24000089			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company here	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
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		•.	
Enter new mailing address, if applicable:	·		
Mailing address MAY BE A POST OFFICE	BOX)		1.1 
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		<b>; · .</b>	
B. If amending the registered agent and/or agent and/or the new registered office addre	~·	ords, <u>enter the name</u>	of the new regis
Name of New Registered Agent:	Carmen C. Gonzalez		
New Registered Office Address:			
	Enter Florid	a 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>	Address	Type of Action
MGR	Rolando F Zarabozo	236 NW 14th St, Homestead, FL, 33030	□Add
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ective date, if other	than the date of filin	g:		(optional)	D (05.0
<u>te:</u> If the date inserted	d in this block does not r	neet the applica	o date of filing or mor ble statutory filing	e than 90 days after filing.) requirements, this date	will not be listed
cument's effective dat	e on the Department of S	State's records.			
seard engeifies a delay	ed effective date, but not	an effective tir	ne at 12:01 a.m. oi	the earlier of: (b) The	e 90th day after t
s filed.	ed effective date, but not	an effective th	ne, at 14.01 a.m. 01		- ,
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ted	March out.	· 2024	<u>/</u> .		
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