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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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September 23, 2024

GAUDY MUJICA 4607 CASON COVE DR APT 417 Orlando, FL 32811

SUBJECT: MB CLEANING SERVICE MUJICA LLC

Ref. Number: L24000342442



We have received your document for MB CLEANING SERVICE MUJICA LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 024A00021302

SHANTELL BROWN Regulatory Specialist II

COVER LETTER

TO:	Registration Se Division of Cor			.,
SUBJE	MB CLEAN	NING SERVICE MUJICA LLO		
SOBJE	C1:	Name of Lim	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Gaudy Mujica		
			Name of Person	
			Firm/Company	
		4607 CASON COVE DR		
			Address	
		Orlando Fl 32811		201
		gaudymujica300571@hotm	City/State and Zip Code ail.com	2024 DCT 22 SENITE / 1
		E-mail address: (o be used for future annual report notification)	
For furt	her information co	oncerning this matter, please co	dl:	
Gaudy	Mujica		786 */4430422 at ()	
	Name of	f Person	Area Code Daytime Telephone	Number
Enclose	d is a check for th	ne following amount:		
■ \$2 5	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, H	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	

No Chock

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MB CLEANING SERVICE MUJIC	A LLC		
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li	ability Company	were filed on 08/05/2024	and assigned
Florida document number L24000342442	·		
his amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ollity company here:	
MB CLEANING SERVICE MUJICA LEC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4607 CASON COVE DR APT 417	
Principal office address MUST BE A STREE	T ADDRESS)	Orlando Fl 32811	
Enter new mailing address, if applicable:	nav)		
Mailing address MAY BE A POST OFFICE	<u>ROX)</u>		
B. If amending the registered agent and/or regent and/or the new registered office addres	~	address on our records, enter the i	
			7m2; cc1
Name of New Registered Agent:	Roberto Diaz		<u> </u>
New Registered Office Address:	4607 CASON	COVE DR APT 417	2
		Enter Florida street address	
	Orlando	, Florida	32811.
		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 ance 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

Title	Name	<u>Address</u>	Type of Action
AMBR	Roberto Diaz	4607 CASON COVE DR APT 417 Orlando Fl 32811	\exists Add
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ective date, if other than t	be date of filing:		donal)
n effective date is listed, the date i	nust be specific and cannot be prior to date block does not meet the applicable st		
	Department of State's records.	, , , ,	
	tive date, but not an effective time, at	12:01 a.m. on the earlier of: ((b) The 90th day after the
is filed.			
is filed.	2024		
is filed.	, 2024		
is filed.	Signature of a member or authorized r	epresentative of a member	