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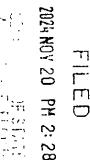
(Req	juestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name	)
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Certified Copies	Certificates o	f Status
Special Instructions to F	iling Officer:	
J. H <sup>C</sup> DEC	JRNE 182024	

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## **COVER LETTER**

TO:

TO: Registration Division of C			
MIYOU SUBJECT: _	CLEANING LLC		
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	MYRLINE OSCAR		
		Name of Person	
		Firm/Company	<u> </u>
	1557 SW KAMCHATKA		
	PORT SAINT LUCIE, FL	Address 34953	
	NENEL1001@YAHOO.CO	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information	reconcerning this matter, please e	all:	
GERALD SAINTILM	A	561 7049665 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addi Registration Division of P.O. Box 65 Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 HOV 20 PM 2: 28

MIYOU 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 $\frac{08/28/2}{2}$	2024	_ and assigned
Florida document number L24000377825			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>	
	<del></del>	-	
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	-	<u></u>	
	<u> </u>	~	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter Florida s		
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		<b>,</b>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capa performance of my provided for in Chap	duties, and Lam fan oter 605, F.S. Or, if	niliar with and this document is
If Cha	nging Registered Agent, S	Signature of New Regist	tered 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
AMBR	MYRLINE OSCAR	1557 SW KAMCHATKA AVEPORT ST LUCIE, FL 349€3
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		□Change
		□ Add
		□Remove
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f an etl <u>Note:</u>	ive date, if other than the date of filing:  (optional)  lective 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 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
recor d is fil	d 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 led.
	11/16/2024
Dated	
Dated	Signature of a member of authorized representative of a member

. . . . .

Filing Fee: \$25.00