L24000427102

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section **Division of Corporations**

MARIN CLEANING SOLUTIONS LLC

SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIN PINEDA, GLOR	IA M	
		Name of Person	
	MARIN CLEANING SOL	UTIONS LLC	
		Firm/Company	
	3034 SW 13TH ST		
	 	Address	
	MIAMI, FL 33145		
		City/State and Zip Code	
	glorimar105@yahoo.com		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please ca	all:	
MARIN PINEDA, GLO	DRIA M	786 355-2026 at ()	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 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

MARIN CLEANING SOLUTIONS 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 and assigned Florida document number _ L24000427102 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARIN CLEANING SOLUTIONS FLUIC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

. It 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
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			□Remove
			□Change
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ective date, if other than the date a effective date is listed, the date must be stee: If the date inserted in this block cument's effective date on the Depart	pecific and cannot be prior loes not meet the application.	to date of filing or more the able statutory filing requ	(optional) an 90 days after filing.) Pursuar uirements, this date will not	nt to 605.020 be listed as
ecord specifies a delayed effective dat is filed.	e, but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b) The 90th d	ay after the
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