



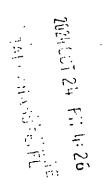
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Molar Cleani	Services L nited liability Company	LC
The enclosed Arti	icles of Amendment and fee(s) are sub	omitted for filing.	
Please return all c	correspondence concerning this matter	to the following:	
·	Erendida	Molur Z:	mbron
		Cleanin Ser	
		Scotland Rd Addiess	
		City/State and Zip Code	
		98299 C q mail to be used for future annual eport no	
For further inform	nation concerning this matter, please co	all:	
	Name of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a chec	ck for the following amount:		
S25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Bo	ation Section n of Corporations	Street Address: Registration Set Division of Cothe Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Molar Clear	ing Services LLC
	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 24000 4 39 344</u>	ompany were filed on 10/14/24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2 P. 1 : 26
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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
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		Havanna F1 32333	□Remove
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Effective date, if other than (If an effective date is listed, the date	the date of filin	ıg:		(optional)	
Note: If the date inserted in the document's effective date on the	iis block does not i	meet the applicabl	date of filing or more that e statutory filing requ	n 90 days after filing.) iirements, this date v	Pursuant to 605.0207 (3 vill not be listed as th
ne record specifies a delayed efford is filed.	ective date, but no	t an effective time	, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
Dated 10 24		, <u>2026</u>	<i>(</i> .		
The	Signature of a	member or authoriz	ed representative of a m	ember	