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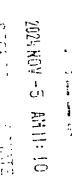
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

-	istration Se ision of Cor _i	•		,		
erabanzyn.	CLEANING SERVICES M&C, LLC Name of Limited Liability Company					
SUBJECT:						
The enclosed	Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please return	all correspon	ndence concerning this matter to	o the following:			
		MARTHA MIRANDA				
			Name of Person			
MARTY M CLEAN SOLUTION, LLC						
Firm/Company						
12900 S GARDENS DRIVE, APT 104						
			Address			
PALM BEACH GARDENS, FL. 33418						3024 KOY
City/State and Zip Code						3
		MARTHA@MCCLEANING		·		t Cri
			be used for future annual report not	fication)		
For further in	nformation co	oncerning this matter, please ca	11:			
MARTHA M	MIRANDA		561 201-5421 at ()			
	Name of	Person	Area Code Daytin	e Telephone Number	·	
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
<u>Ma</u>	iling Addres	<u>s:</u>	Street Address:			
Registration Section				Registration Section		
Division of Corporations			Division of Col The Centre of 1	•		
P.O. Box 6327 Tallahassee, FL 32314			e Street, Suite 8	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our	records.)
(A Florida Limited I.	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on OCTOBE	R 22, 2024 and assigned
Florida document number L24000449502		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MARTY M CLEAN SOLUTION, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Same	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		····
3. If amending the registered agent and/or registered office a	ddress on our records.	enter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Florida Zip Code
	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>	Name	Address	Type of Action
MBR	CELESTE CARDONA	12900 Gardens Dr. Apt 104, Palm Bch Gar	
			■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			☐Change
			⊒Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated October 31st Signature of a member or authorized representative of a member MARTHA MIRANDA (MGR) Typed or printed name of signee

Filing Fee: \$25.00