

L19000094257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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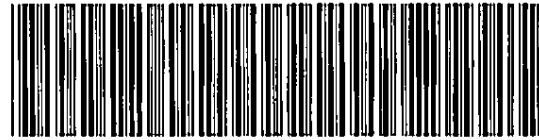
(Business Entity Name)

(Document Number)

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2020 FEB 20 AM 7:21
STATE
TALLAHASSEE, FL

O SIMMONS

MAR 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCA CLEANING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BILLY JOSE ALIENDRES FIGUEROA

Name of Person

MCA CLEANING LLC

Firm/Company

805 8CUMBERLAND GAP TRI.

Address

JACKSONVILLE, FL 32244

City/State and Zip Code

MCACHUTT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILLY JOSE ALIENDRES FIGUEROA

Name of Person

at (321)

Area Code

440-5686

Daytime Telephone Number

Enclosed is a check for the 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**

MCA 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 04/05 2019 and assigned
Florida document number L1900009425 7

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MCA MULTISERVICES LLC

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)

805 8CUMBERLAND GAP TRL

JACKSONVILLE, FL 32244

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

805 8CUMBERLAND GAP TRL

JACKSONVILLE, FL 32244

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:

BILLY JOSE ALIENDRES FIGUEROA

New Registered Office Address:

805 8CUMBERLAND GAP TRL

Enter Florida street address

JACKSONVILLE


Florida 32244

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>	<u>Address</u>	<u>Type of Action</u>
MBR	MARISELA CACHUTT	8058 CUMBERLAND GAP TRL	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MARISABEL CACHUTT	8058 CUMBERLAND GAP TRL	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	BILLY JOSE ALIENDRES FIGUEROA	8058 CUMBERLAND GAP TRL	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32244	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	RAMON CRISTOBAL CACHUTT PADRINO	8058 CUMBERLAND GAP TRL	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32244	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 FEB 20 AM 7:21
STATE
MILWAUKEE
COUNTY
CLERK

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SECRET
STATE
INT. SEC. FILE

SECRET
2020 FEB 20 AM 7:21
STATE
MAIL ROOM

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.

~~Bill A~~

BILLY JOSE ALIENDRES FIGUEROA

Typed or printed name of signee

Filing Fee: \$25.00