

17/021

Division of Corporations

((H210000666513))

L20000193022

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ISAMAR TORRES
Account Number : 12020000137
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Fax Number : (305)503-7123

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: onestopsolutionsfl@gmail.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JCLEANING SERVICE LLC

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SAM

COVER LETTER

TO: Registration Section
Division of Corporations

((H21000066651 3)))

SUBJECT: JCLEANING SERVICE 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:

ALEJANDRO MARTIN VILLACORTA BROGGI

Name of Person

Alejandro Martin Villacorta Broggi

Firm/Company

16909 North Bay Rd Suite 212

Address

Sunny Isles, Florida, 33160

City/State and Zip Code

onestopsolutionsfl@gmail.com

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

For further information concerning this matter, please call:

Alejandro Martin Villacorta Broggi

786

5801650

at (_____) _____

Name of Person

Area Code

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

((H21000066651 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((H21000066651 3)))

JCLEANING SERVICE 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 07/07/2020 and assigned Florida document number L20000193022

FILED FEB 23 PM 5:20

This amendment is submitted to amend the following:

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

MGC OF FLORIDA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

16909 North Bay Rd

(Principal office address MUST BE A STREET ADDRESS)

Suite 212

Sunny Isles, Florida 33160

Enter new mailing address, if applicable:

16909 North Bay Rd

(Mailing address MAY BE A POST OFFICE BOX)

Suite 212

Sunny Isles, Florida 33160

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:

Alejandro Martin Villacorta Broggi

New Registered Office Address:

16909 North Bay Rd Suite 212

Enter Florida street address

Sunny Isles

Florida 33160

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.

Alejandro Martin Villacorta Broggi If Changing Registered Agent, Signature of New Registered Agent

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 STATE OF CALIFORNIA
 COUNTY OF SAN FRANCISCO

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