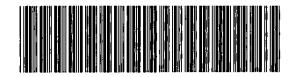
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECREDARY OF STATE
AND ANASSES STREAM

J. SAULSBERRY EXAMINER

JAN 12 2012

COVER LETTER

Division of Corp	orations				
SUBJECT: M&V	CUEANING Name of Limi	SERVICE LC C ted Liability Company			
	amendment and fee(s) are sub	-			
		SPRAUVE Name of Person			
		LO ALC PAGELD CAR Address			
	ORCANDO. Mandvellani	City/State and Zip Code One Oh Amal . Com to be used for future annual report notificati		2012 JAN SECRETA TALLAHA	*****
For further information co	E-mail address: (i		on)	ASSEE	
VEROVICA SP Name of	Person	at (<u>407</u>) <u>873 - 49</u> Area Code & Daytime Te	0 S lephone Number	2012 JAN -9 AM 8: 52 SEGRETARY OF STATE ALLAHASSEE, FLORIDA	grands Program
Enclosed is a check for the	e following amount:	g.	÷		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop	f Status &	

Registration Section

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&V CLEANING SER!	ME LLC			
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on (iability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L0400061967</u> .			and ass	signed
This amendment is submitted to amend the following:			JALL JALL	2
A. If amending name, enter the new name of the limited liabi	lity company here:		`	
M&V SERVICES USA LLC			ASS.	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," t	he designation "	OF S	2E p=
Enter new principal offices address, if applicable:				20
(Principal office address MUST BE A STREET ADDRESS)			E P	52
Enter new mailing address, if applicable:	P.O. Box 7°	72/35	077	
(Mailing address MAY BE A POST OFFICE BOX)	OCCANBO, A	52	0 / /	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	;	orida street ada		of the new
	City	, Florida	Zip Code	e
New Designatured Agent's Signature if shanging Designatured Agents	- ·• /			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title <u>Name</u> Address 13044 BROAKFIELD CIR BRUANDO, PL 22827 MELVIN SPRAUVE MGR ☐ Remove ☐ Remove Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated SANUARY 6, 2012. Signature of a member or authorized representative of a member VERONICA SPRAUVE
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00