# L0800002926

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Special Instructions to Filing Officer:	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	

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March 6, 2019

JACQUES SAINT HEUR 5359 GRAND BANKS BLVD GREENACHES, FL 33463 US

SUBJECT: M & M CLEANING SOLUTIONS, LLC

Ref. Number: L08000029264

We have received your document for M & M CLEANING SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. Please return to our website at www.sunbiz.org, click on 'Reinstatement' under the filing services menu and then follow the instructions.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 719A00004566

Janeice L Smith Regulatory Specialist II Registration Section

www.sunbiz.org

## **COVER LETTER**

Division of Corp	orations		
SUBJECT:	M (Pani) Name of Limit	no Solutions ()	7 Florida UC
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	JACKU	Name of Person	ier
		Firm/Company	
	5359 G	Rand Banks	Blud
	J. Fleveland	City/State and Zip Code  City/State and Zip Code  So be used for future annual report notific	ication)
For further information co	ncerning this matter, please ca	11:	
JACRUE Name of	Saint Fleur Person	at ( <u>56/</u> ) <u>404</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	S30.00 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

TO:

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

1018 14 6/1	Paping Solutions UC
(A Fig.	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	by Company were filed on $03/21/2008$ and assigned $64$
This amendment is submitted to amend the following	,
A. If amending name, enter the new name of the  MAN Clanting Sol  The new name must be distinguishable and confinin the words	limited liability company here:  Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	AR FRANCE PROPERTY OF THE PROP
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	TACQUES Saint Fleur
New Registered Office Address:	5359 GRANI BUNKS BIWI F Enter Florida street address
	TRees all 18

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

•		Authorized Person(s) authorized to mar om our records:	nage, enter the title, name, and address of each	person being added
	MGR = Mar AMBR = Aut	nager horized Member		
	<u>Title</u>	<u>Name</u>	Address	Type of Action
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			(TRAPPINO CIE) FC 33463	☐ Remove
				Change
	MGR	Jacauss Sout Her	(ARMENOCIUS EC 3346)	Morado
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Filing Fee: \$25.00