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COVER LETTER

TO: Registration Section
Division of Corporations

| MERCEDES E | BEATRIZ CLEANING LLC | |
|--|---|---|
| Name of Lim | nited Liability Company | |
| amendment and fee(s) are sub | omitted for filing. | |
| | _ | |
| | BEATRIZ CANO | |
| | Name of Person | |
| MERCE | DES BEATRIZ CLEANING | LLC |
| | Firm/Company | |
| 602 K | ENWICK CIR. APT 202 | |
| | Address | —————————————————————————————————————— |
| CA | SSELBERRY, FL 32707 | ် (က က က က က က က က က က က က က က က က က က က |
| | City/State and Zip Code | OM 2 |
| | - | |
| | • | tification) |
| ncerning this matter, please c | all: | |
| Z CANO | 407 620-83 | 67 |
| Person | Area Code Dayti | ne Telephone Number |
| e following amount: | | |
| □ \$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) |
| NG ADDRESS: tion Section of Corporations | Registration Sect Division of Corpo Clifton Building | prations |
| | Name of Lin Amendment and fee(s) are substance concerning this matter MERCEL 602 K CA PARCI E-mail address: (a) necerning this matter, please of CANO Person following amount: \$\Begin{align*} \$30.00 \text{ Filing Fee & Certificate of Status} \text{NG ADDRESS: tion Section of Corporations} | Name of Person MERCEDES BEATRIZ CLEANING Firm/Company 602 KENWICK CIR. APT 202 Address CASSELBERRY, FL 32707 City/State and Zip Code PARCECOLOMBIA@YAHOO.C E-mail address: (to be used for future annual report no ancerning this matter, please call: CCANO Person at (407 620-83 Area Code Dayting S55.00 Filing Fee & Certified Copy (additional copy is enclosed) NG ADDRESS: tion Section of Corporations |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MERCEDES BEATRIZ CLEA | |
|--|---|
| (Name of the Limited Liability Company as it nov (A Florida Limited Liability Co | <u>v appears on our records.</u>) mpany) |
| The Articles of Organization for this Limited Liability Company were filed Florida document numberL13000043852 | d on and assigned |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability comp | pany here: |
| MBC USA LLC | |
| he new name must be distinguishable and end with the words "Limited Liability Compa | my," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | 一 |
| | 7/2 - 5 |
| | 10000000000000000000000000000000000000 |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | 12. 2 |
| | 7 |
| 3. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here: Name of New Registered Agent: | ress on our records, enter the name of the |
| New Registered Office Address: | |
| | nter Florida street address |
| | , Florida |
| 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** _ Add ____ □ Remove □ Add ___ Remove □ Remove 三 çņ □ Remove □ Add □ Remove ☐ Add □ Remove

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| e date | ve date, if other than the date of filing: |
| ffectine effectione date | ve date, if other than the date of filing: |
| e date | ve date, if other than the date of filing: (optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) (OPTION INTERIOR OF A member or authorized representative of a member |
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