

W15 000096424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

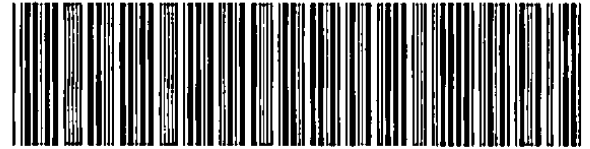
(Business Entity Name)

(Document Number)

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21 OCT 22 PM 3:18

T. MATTHEWS

NOV 23 2021



2021 OCT 22 AM 8:05

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2021

OLGA RAMOS
12355 COLLIER BLVD STE H
NAPLES, FL 34116

SUBJECT: ME&G HOUSE CLEANING, LLC
Ref. Number: L15000096424

We have received your document for ME&G HOUSE CLEANING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 721A00022352

TO: Registration Section
Division of Corporations

SUBJECT: Me & G House 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:

Olga Ramos
Name of Person

Freedom Tax Services
Firm/Company

12355 Collier Blvd. Ste H
Address

Naples Florida 34114
City/State and Zip Code

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

For further information concerning this matter, please call:

Olga Ramos at (239) 455-6011
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

21 OCT 22 PM 3:18

ME & G House 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 06/02/2015 and assigned Florida document number L150000096424.

This amendment is submitted to amend the following:

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

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)

3291 Poinciana Drive
Naples FL 34105

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3291 Poinciana Drive
Naples FL 34105

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: _____

New Registered Office Address: _____

Enter 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 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>	210022 113:18	<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
_____	_____	_____		<input type="checkbox"/> Add
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_____	_____	_____		<input type="checkbox"/> Add
		_____		<input type="checkbox"/> Remove
		_____		<input type="checkbox"/> Change
_____	_____	_____		<input type="checkbox"/> Add
		_____		<input type="checkbox"/> Remove
		_____		<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 OCT 22 PM 3:18

E. Effective date, if other than the date of filing: _____

10/13/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 10 / 13 / 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee