

L17000032588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

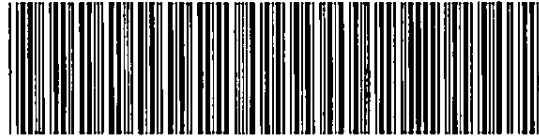
(Document Number)

Certified Copies _____

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2024 DEC -3 PM 3:20

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALL PURPOSE CLEANING & SERVICES ENTERPRISE LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL PURPOSE CLEANING & SERVICES ENTERPRISE 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:

HUGO VARGAS

Name of Person

V M ADVISERS GROUP INC

Firm/Company

7500 NW 25 ST SUITE 237

Address

DORAL FLORIDA 33122

City/State and Zip Code

hvgas@advisersgroup.net

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

For further information concerning this matter, please call:

Hugo Vargas

786 7108569
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALL PURPOSE CLEANING & SERVICES ENTERPRISE 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 02/09/2017 and assigned
Florida document number L17000032588.

This amendment is submitted to amend the following:

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

MGM INVESTOR LLC

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:

3100 NW 72TH AVE SUITE 122

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FLORIDA 33122

Enter new mailing address, if applicable:

3100 NW 72TH AVE SUITE 122

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FLORIDA 33122

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:

V M ADVISERS GROUP INC

New Registered Office Address:

7500 NW 25th ST SUITE 237

Enter Florida street address

DORAL

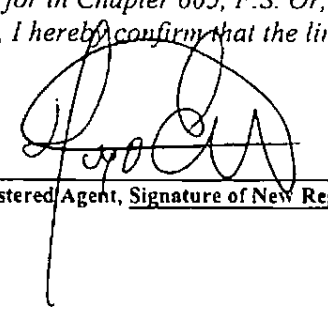
City

Florida 33122

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

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

Handwritten signature across the lines.

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

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 November 19, 2024

Signature of a member or authorized representative of a member

MANUEL LANZ

Typed or printed name of signee

Filing Fee: \$25.00

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>	<u>Type of Action</u>
MGR	LANZ, MANUEL RICARDO	3100 NW 72TH AVE SUITE 122	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LANZ CALINI, GIULIANNA	3100 NW 72TH AVE SUITE 122	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LANZ CALINI, MANUEL	3100 NW 72TH AVE SUITE 122	<input type="checkbox"/> Add
		MIAMI FLORIDA 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRUZ, LISSETTE	400 NW 7th Ave # 578	<input type="checkbox"/> Add
		Fort Lauderdale FL 33302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAMIREZ, ANDERSON JR	400 NW 7th AVE # 578	<input type="checkbox"/> Add
		Fort Lauderdale FL 33302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change