

L18000 271121

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

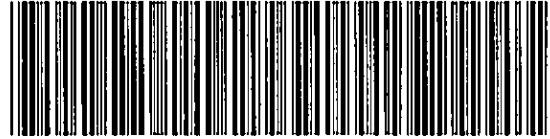
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JUN 19 2020

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2020 JUN 19 AM 8:07

AUG 05 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOMMA Jones Cleaning Service 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:

Lorraine Jones
Name of Person

Mamma Jones Cleaning Service LLC
Firm/Company

1445 Kendall dr.
Address

Jacksonville FL 32211
City/State and Zip Code

Lorraine194@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Jones at (904) 697-9247
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

FILED
1920 JUN 19 AM 8:07

Momma Jones Cleaning Service 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 NOV. 21, 2018 and assigned
Florida document number L1800027121

This amendment is submitted to amend the following:

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

Mama Jones Cleaning Service 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:

(Principal office address MUST BE A STREET ADDRESS)

1415 Kendall dr.
Jacksonville, FL 32211

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1415 Kendall dr.
Jacksonville, FL 32211

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:

Terrell Jones

New Registered Office Address:

1415 Kendall dr.

Enter Florida street address

Jacksonville

City

Florida

32211

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

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	Brittany Grigsby	1445 Kendall dr. Jax FL. 32211	<input type="checkbox"/> Add
		(new address) 355 Monumental ^{rd.} APT. 111F	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL. 32225	<input type="checkbox"/> Change
MGR	Lorraine Jones	1445 Kendall dr.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL. 32211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Terricka Jones	1445 Kendall dr.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL. 32211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Terrell Jones	1445 Kendall dr.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL. 32211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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)

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 06/17/20, _____

Germaine Jones
Signature of a member of authority

Signature of a member or authorized representative of a member

Lorraine Jones
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00