L19000 013 769

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| ertified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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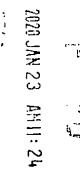
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NO



December 18, 2019

MARIA COMODORE M & Y. CLEANING SERVICE 1 LLC 7913 NW 73 TERR TAMARAC, FL 33321

SUBJECT: M.Y. CLEANING SERVICE1 LLC

Ref. Number: L19000013769

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Letter Number: 319A00025766

Susan Tallent Regulatory Specialist II

www.sunbiz.org

Division of the property of th



November 6, 2019

MARIA COMADORE M.Y. CLEANING SERVICE1 LLC 7913 NW 73 TERR TAMARAC, FL 33321

SUBJECT: M.Y. CLEANING SERVICE1 LLC

Ref. Number: L19000013769

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE CLARIFY THE NEW NAME ON LETTER A. WILL IT BE M & 4?

PLEASE COMPLETE PAGE 3 OF 3 AND RESUBMIT THE COMPLETE DOCUMENT.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 819A00022967

COVER LETTER

| Division of Corporations |
|--|
| BJECT: M. V. Cleuning Service 1222 Name of Limited Liability Company |
| ne enclosed Articles of Amendment and fee(s) are submitted for filing. |
| case return all correspondence concerning this matter to the following: |
| Marie Conadore Name of Person |
| Marca Conadore Name of Person Cleaning Service 1: LLC Firm/Complny |
| 7912 NW 72 torr |
| Tamprac El 33321 City/State and Zip Code |
| Comadorona na Co amail. Com E-mail address: (to be used for future annual report notification) |
| or further information concerning this matter, please call: |
| Ver voi Conactore at 805 710-8119 Name of Person Area Code Daytime Telephone Number |
| nglosed is a check for the following amount: |
| \$25.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section

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

| (Name of the Limited Liability Compa | Vice 1 LL | |
|--|--|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | nv as it now appears on our record liability Company) | ₹) |
| ne Articles of Organization for this Limited Liability Company forida document number <u>L 1 9 00 00 13 7</u> 49 | were filed on Jan. | . 2014 and assigned |
| his amendment is submitted to amend the following: | | 2020 JAN 23 |
| i. If amending name, enter the new name of the limited liab M + C) eco | ity Company," the designation "LLC | "or the abbreviation "LL.C." |
| Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | 7913 NW 73 Tamarac + | |
| inter new mailing address, if applicable: | | 333.51 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| s. If amending the registered agent and/or registered or egistered agent and/or the new registered office address her | ffice address on our record | s, enter the name of the new |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | ′ > | |
| | | orida |
| - | 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

| GR = M $MBR = A$ | anager uthorized Member | | |
|------------------|----------------------------|---------|----------------|
| <u>tle</u> | Name | Address | Type of Action |
| | | | Add |
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| | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ive date, if other than the date of filing: [ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sent's effective date on the Department of State's records. |
| the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated | 11/14 NOV. 14 . 2019. Signature of a member or authorized representative of a member |
| | Maria Comaclore Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00