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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2021

YUDYD DOMINGUEZ 104 N. COVE TERRACE DRIVE PANAMA CITY, FL 32401

SUBJECT: MY PEOPLE CONSTRUCTION LLC

Ref. Number: L20000150040

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

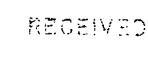
ALL PAGES OF THE LLC AMENDMENT FORM MUST BE COMPLETED IN ORDER FOR US TO FILE YOUR DOCUMENT.

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.

Letter Number: 821A00018013

Darlene Connell
Regulatory Specialist II Supervisor



Letter Number: 621A00008498

2021 MAY 17 PH 2:05 FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2021

YUDYD DOMINGUEZ 104 N. COVE TERRACE DRIVE PANAMA CITY, FL 32401

SUBJECT: MY PEOPLE CONSTRUCTION LLC

Ref. Number: L20000150040

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the 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.

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: My People Cleaning LC 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:
Mame of Person
My Deople Cleaning LLC Firm/Company
104- N COVE TERRYEDE'NE
DANAMA CITY, FL 32401 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YOUND DOM: 06:0EZ at (786) 444 - 7195 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status 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

ly People Construction

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000 L50 040</u> .	were filed on Oo O a accept and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	104 N Cove Terrore Deive Panama City, FL 32401
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	To The second se
New Registered Office Address:	Enter Florida street address
	City Signature City
Nam Desistand 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 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>	Address	Type of Action
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			Change
			□Add
			□Remove
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		Signature of a	member et autho	orized representa	live of a member	<u> </u>	<u> </u>
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