L20000 150809

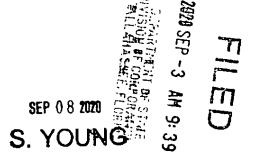
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

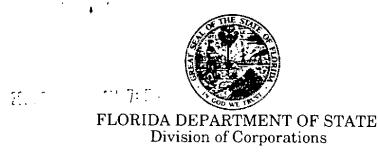
Office Use Only



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August 7, 2020

ANDY MATHE 10967 MOSS PARK RD STE 128 ORLANDO, FL 32832

SUBJECT: MR STAY WORKING PROPERTY MANAGEMENT & JANITORIAL

SEVICE GROUP LLC

Ref. Number: L20000150809

We have received your document for MR STAY WORKING PROPERTY MANAGEMENT & JANITORIAL SEVICE GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALL PAGES MUST BE MAILED, ONLY PAGE 1 RECEIVED

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.

Letter Number: 220A00014847

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Me Stay	1 WORKING Propert Name of Lin	4 management and olded Liability Company	janitorial Service group LL
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	AND	Mathe.	
,	me stay working	Property Managen	uent and jamitorial Service group C
	10967 MOSS Pa	orked Apt 128 Address	· -
	Orlando, flo	City/State and Zip Code	
	Kinganderson E-mail address: (70@gmal.com	lication)
For further information co	oncerning this matter, please co	all:	
ANDY Mathe Name of	Person	at (<u>Z/6</u>) <u>894 -</u> Area Code Daytime	- 5 Z / Q : Telephone Number
Enclosed is a check for the	e following amount:		
Cl \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[2] \$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**

Property Management and Janiteria Sevice group LL imited Liability Company and now appears on our resords.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number	were filed on $05/7070$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Ma Stay working Property management and the new name must be distinguishable and contain the words "Limited Liabil	Janitorial Service Group LLC Try Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10967 MOSS Part of Swife 128
(Principal office address MUST BE A STREET ADDRESS)	Orlando, f1, 32852
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:	
Name of New Registered Agent: AM	py mathe.
New Registered Office Address: 1096	Py Mathe. 7 Mostare vo Suite 128 Enner Florida street address
Orland	6 Elorida 37837 Cuv Zap Code
New Registered Agent's Signature, if changing Registered Agent:	

2

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>	Type of Action
Ambr	ANDY mathe	10967 Moss Park rd, Orlando	DENTAL
		F1,32832, #128	□Remove
			Thange
MGR	mathe, Anderson, B, Je	10967 Most Park rd, Orland	g LlAdd
		C1, 32832, #128	Nkemove
			[] Change
Mar	Mathe, Kingston, S	10967 MOSS Park rd, Orlando	(TAdd
		F1,32832, #128.	DRemove
		·	□Change
			□Add
			[]Remove
			_ 13Change
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an effecti l <mark>ote:</mark> If t	date, if other than t ve date is listed, the date in the date inserted in this 's effective date on the	nust be specific and block does not r	d cannot be prior to dai neet the applicable :	e of liffing or more:	(option han 90 days after quirements, this	tiling.) Pursuant to 605.0	0207 Las 1
record sp Lis filed.	pecifies a delayed effec	tive date, but not	an effective time, :	nt 12:01 a.m. on t	he earlier of: (b) The 90th day after t	the
ated	03/2020		2020				
		Signature of a	member or authorized	representative of a	member		
		A	Mathe . Typed or printed nai				