

17/07/2021

Division of Corporations

(((H210000666513)))

# L20000193022

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ISAMAR TORRES  
Account Number : 120200000137  
Phone : (786)660-0108  
Fax Number : (305)503-7123

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: onestopsolutionsfl@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JCLEANING SERVICE LLC

|                       |         |
|-----------------------|---------|
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| Page Count            | 01      |
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Corporate Filing Menu

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

(((H21000066651 3)))

SUBJECT: JCLEANING 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:

ALEJANDRO MARTIN VILLACORTA BROGGI

\_\_\_\_\_  
Name of Person

*Alejandro Martin Villacorta Broggi*

\_\_\_\_\_  
Firm/Company

16909 North Bay Rd Suite 212

\_\_\_\_\_  
Address

Sunny Isles, Florida, 33160

\_\_\_\_\_  
City/State and Zip Code

onestopsolutionsfl@gmail.com

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

For further information concerning this matter, please call:

Alejandro Martin Villacorta Broggi

786

5801650

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)

**MailingAddress:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**StreetAddress:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

(((H21000066651 3)))

JCLEANING 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 07/07/2020

Florida document number L20000193022

This amendment is submitted to amend the following:

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

MGC OF FLORIDA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

16909 North Bay Rd

Suite 212

Sunny Isles, Florida 33160

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

16909 North Bay Rd

Suite 212

Sunny Isles, Florida 33160

**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:

Alejandro Martin Villacorta Broggi

New Registered Office Address:

16909 North Bay Rd Suite 212

*Enter Florida street address*

Sunny Isles

*City*

Florida 33160

*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.*

Alejandro Martin Villacorta Broggi  
If Changing Registered Agent, Signature of New Registered Agent

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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

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

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

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**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 February 17, 2021)

Alejandro Martin Villacorta-Broggi  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Alejandro Martin Villacorta Broggi

Typed or printed name of signee

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**Filing Fee: \$25.00**