

L21000258471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Free Amendment  
on our end  
we filed the  
without  
Sally  
(m)  
5/16

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG 16 PM 4:32

FILED

AUG 1 2021  
C. Kinise



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 AUG 12 17

August 4, 2021

LORETTA VACERO-SMITH  
1300 N FEDERAL HWY SUITE 107  
BOCA RATON, FL 33432

SUBJECT: MR. GREEN CLEAN USA  
Ref. Number: L21000258471

We have received your document for MR. GREEN CLEAN USA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is the proper form for the articles of correction. Also enclosed is a refund application because the LLC suffix was on the state end not yours. Please mail back the corrected form and the refund.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 521A00018345

*Thank you*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MR GREEN CLEAN USA LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORETTA Valero-SMITH  
Name of Person

AWS BOOKKEEPING & ACCOUNTING INC  
Firm/Company

1300 N. FEDERAL HWY SUITE 107  
Address

BUCA RATON, FL 33432  
City/State and Zip Code

awsbkpg@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORETTA Valero-SMITH at (501) 674 5575  
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MR. GREEN CLEAN USA LLC

SECOND: The Florida Document number of the limited liability company is: L21000258471

THIRD: Document to be corrected is: ADD LLC TO NAME

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

PLEASE ADD LLC TO THE NAME OF CO  
SHOULD BE  
MR. GREEN CLEAN USA LLC

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

☐ The electronic transmission of the record was defective.

[Signature]  
\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**FILED**  
2021 AUG 16 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

Signature of new registered agent, if applicable ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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*

[Signature]  
\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)