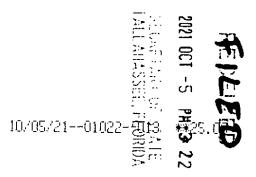
121000410079

(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:

Office Use Only



800374008948



10/12/2/

COVER LETTER

SUBJECT: M&C Quality Cleaning Services 11C
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:
Mithsuka Etienne Name of Person
Mic Quality Cleaning Services UC
400 West Dayton Cirle
Fort Lauderdale FL 33312 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mithsuka Etienne at (786) 812 4076 Name of Person Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>egning Jei</u>	V 1	LLC	
(Name of the Limited Liability (A Florida	y Company as it now appe Limited Liability Company	ears on our recor ')	<u>'ds.</u>)	
The Articles of Organization for this Limited Liability Co. Florida document number 121000410676	ompany were filed on <u>.</u> A	Septembe	r 16 2021 and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the	e designation "LL	C" or the abbreviation "	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
				<u> </u>
Enter new mailing address, if applicable:			AHASS.	S - 13
(Mailing address MAY BE A POST OFFICE BOX)			1114 1114	
			<u> </u>	~ Y
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>ente</u>	r the name of the no	ew Pegistere
Name of New Registered Agent:				
New Registered Office Address:	Fnter F	lorida street addre		
	23.11.0			
'	City	, F	lorida Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		·	

I to the state of the state of

101

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chantal projection		□Add
		B	⊠ Remove
			□Change
M (3K	Milhsuka B Etienne	Mithsuka (First Name)	(YAdd
		Etienne	Remove
			□Change
			□Add
			□Remove
			121 mge 22 121 mge 22 121 mge 22 121 mge 22 121 mge 22 122 mge 22 123 mge 22 124 mge 22 125 mge 22 126 mge 22 127 mge 22 128 mge 22 128 mge 22 128 mge 22 128 mge 22 128 mge 23 128 mge 22 128 mge 22 128 mge 22 128 mge 22 128 mge 22 128 mge 23 128 mg
			□Change
			🗆 Add
			□Remove
			Change
			□Add

			_
			-
			_
			_
			_
			_
			_
			-
			-
		NO	_
		2021 0C1 SLC 5 1	-11
		OCT ALK	
		Ser on	7
		710 3	- \$
		PH 3 22 STATE FLORIDA	_ \
		22 TE IDA	_
			_
fective date, if other than the date of filing:	(option:		
n effective date is listed, the date must be specific and cannot be prior to date of filin	ng or more than 90 days after fill y filing requirements, this da	ng.) Pursuant to 60 ite will not be lis	15.0207 ted as
ite: If the date inserted in this block does not meet the applicable statutor			
<u>ste:</u> If the date inserted in this block does not meet the applicable statutor; cument's effective date on the Department of State's records.		_	er the
cument's effective date on the Department of State's records.	a month earlier of: (b)	The 90th day afti	
ite: If the date inserted in this block does not meet the applicable statutor; cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 is filed.	a.m. on the earlier of: (b)	The 90th day aft	
cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 is filed.		The 90th day aft	
cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 is filed.		The 90th day aft	
cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01		The 90th day aft	