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TO:

Registration Section

COVER LETTER

Division of Corporations
SUBJECT: Mega Cleaning Service FL LLC Name of Limited Libility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marjana Ferreira Vighetto
Mega Cleaning Service FL UC
429 Summa Street
West Palm Beach, FL. 33405 City/State and Zip Code
E-mail address: (to be used for futyle annual report notification)
For further information concerning this matter, please call:
Edward Vighe Ho at 561 379-5233 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

Mailing Address:

☐ \$25.00 Filing Fee

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

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

☐ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG 19 AHTI: 07

Mega Cle	anino Service/	EL LIC			
(A Florid	a Limited Liability Company)	records.			
The Articles of Organization for this Limited Liability C Florida document number 88-2640217	Company were filed on <u>6-00</u>	5-2022 and assigned			
-	- Codellos 17	7 5			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here:				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		enter the name of the new registered			
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City:	Zip Code			
New Registered Agent's Signature, if changing Register					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my du agent as provided for in Chapte red office address, I hereby conj	ties, and I am familiar with and r 605, F.S. Or, if this document is			
	If Changing Registered Agent, Sig	nature of New Registered Agent			

If amending Authorized Person(s) au	thorized to manage, <u>e</u>	nter the title,	name, and ac	dress of each pers	son being	added
or removed from our records:						

MGR = M $AMBR = A$	lanager Authorized Membe	r			
<u>Title</u>	<u>Name</u>		Address		Type of Action
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				33405	□ Change
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Effectiv	e date, if other t	than the c	late of filin	12:			ı	ontional)		
Note: D	e date, if other t tive date is listed, the the date inserted at's effective date	in this blo	ck does not i	meet the ap	plicable stat	f filing or mo utory filing	e than 90 day requirement	s after filing. s, this date	Pursuant to 60: will not be list	5.0207 ted as
record d is file	specifies a delayed d.	d effective	date, but no	t an effecti	ve time, at 1	2:01 a.m. or	the earlier	of: (b) Th	90th day afte	r the
	Augus	st 1	9	. 200	<i>22</i> .	_	1			
Dated _	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Dated _	rega.				And the second	ad.	4			

Filing Fee: \$25.00