

L22000457641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

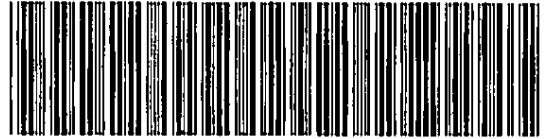
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/09/22--01010--022 **25.00

2022 DEC -9 AM 10:34
Filing Office
Clerk of Court

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: MAGNOLIA VILLAGE CLEANING SOLUTIONS 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:

TONI DAIGLE

Name of Person

DORCO ENTERPRISES

Firm/Company

911 S 8TH ST UNIT B

Address

FERNANDINA BEACH, FL 32034

City/State and Zip Code

CONTACT@DORCOENT.COM

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

For further information concerning this matter, please call:

TONI DAIGLE

904

990-7755

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>	<u>Type of Action</u>
MBR	KADIE L MEEKS	910 S 8TH ST STE 121	<input type="checkbox"/> Add
		FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICOLE WRICE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		DINITRA N WRICE	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET
2022 DEC -9 AM 9:34

2022 DEC -9 AM 11:34

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00