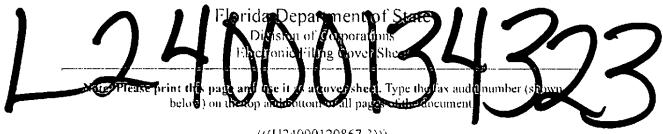
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : POTENCIANO CPA LLC Account Number : 120230000170 Phone : (407)413-2411 Fax Number : (407)641-9288

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MGN PREMIER CLEANING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Help

Registration Section Division of Corporations

MON PREMIER CLEANING, LLC

JANAYNA POTENCIANO

TO:

SUBJECT:

From: Janayna Potenciano

The enclosed Articles of Amendment and Icc(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Name of Person POTENCIANO CPA LLC Firm/Company 6965 PIAZZA GRANDE AVE STE 307 Address ORLANDO FL 32835 City/State and Zip Code JANAYNA@POTENCIANOCPA.COM E-mail address: (to be used for future annual report notification)

COVER LETTER

Name of Limited Liability Company

For further information concerning this matter, please call:

JANAYNA POTENCIANO	407	413 2411
	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 S55.00 Filing Fee & Certified Copy (additional copy is enclosed) 560.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is circlosof)

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

From: Janayna Potenciano

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGN PREMIER CLEANING, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ns as it now appears on our records, lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000134323	were filed on _03/18/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
		202
The new name must be distinguishable and contain the words "Limited Liability of the property of the contains the words and the contains the words and the contains the words and the contains the words are contained to the contained to t	ity Company," the designation "LLC"	or the abbreviation "L. L.C."
Enter new principal offices address, if applicable:		or the anbreviation 1.120.
(Principal office address MUST BE A STREET ADDRESS)		
		2: 43
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter t</u> l	he name of the new registered
rank of New Registered Agents		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy	Zsp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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 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>	Name	<u>Address</u>	Type of Action
AMBR	Martins Nogueira, Maria G	27215 HARBOUR VISTA CIRCLE	ClAdd
		SAINT AUGUSTINE, FL 32080	≅Remove
			C] Change
AMBR	Martins Nogueira, Maira G	27215 HARBOUR VISTA CIRCLE	∰ A∂d
-		SAINT AUGUSTINE, FL 32080	□ Remove
			□ Change
			[]Add
			DRemove
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F. Effective date, if other than t (If an effective date is listed, the date is <u>Note:</u> If the date inserted in this document's effective date on the	block does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ling requirements, this date will not be listed as the
If the record specifies a delayed effectecord is filed.	live date, but not an effective time, at 12:01 a.m	n, on the earlier of: (b) The 90th day after the
Dated APRIL 1	2024	
M	aire Nosilie	
	Signature of a member or authorized representati	ive of a member

Filing Fee: \$25.00

Typed or printed name of signee