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COVER LETTER

	egistration Se ivision of Cor					
SUBJECT	MV PRO C	LEANING SERVICES LLC				
SUBJECT	•	Name of Lim	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		MELISSA ESCOBAR VA	SQUEZ			
			Name of Person			
		MV PRO CLEANING SERVICES LLC				
			Firm/Company			
		26261 SQUIRE LANE				
		Address				
		BONITA SPRINGS, FL 34135 UN				
			City/State and Zip Code			
	MVPROCLEANING0@GMAIL.COM					
		E-mail address: (to be used for future annual report notif	ication)		
For further	r information c	oncerning this matter, please c	all:			
MELISSA	SESCOBAR V	ASQUEZ	239 9613089			
Name of Person		f Person	Area Code Daytime	Felephone Number		
Enclosed i	s a check for th	ne following amount:				
□ \$25,00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Sec				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

761 751

MV PRO CLEANING SERVICES	S LLC		ECRET LAH	-
(Name of the Limi	ted Liability Company as it now appears of (A Florida Limited Liability Company)	n <u>our records.</u>)	2	-
The Articles of Organization for this Limited L Florida document number L24000240962	iability Company were filed on		Hand assigned	ed C
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liability company here	:		
The new name must be distinguishable and contain the	vords "Limited Liability Company," the desi	gnation "LLC" or th	ne abbreviation "L.L.C.	
	, ,	-		
Enter new principal offices address, if applic		 -	<u> </u>	
<u>(Principal office address MUST BE A STREI</u>	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or	_	ords, <u>enter the n</u>	iame of the new re	gistered
agent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	Melissa Escobar Vasquez			
New Registered Office Address:	26261 Squire Lane			
	Enter Florida	a street address		
	Bonita Springs	, Florida	34135	
	City	,	Zıp Code	

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.

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	Address	Type of Action
AMBR	MELISSA ESCOBAR VASQUEZ	26261 SQUIRE LANE BONITA SPRINGS, FL 3	4135 ■ Add
			□Remove
			□ Change
			□ Add
		 	□Remove
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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
(If an effect Note: It	re date, if other than the date of filing:
Tthe record ecord is file	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 d.
Dated _	/20/2024
	Signature of a member or authorized representative of a member
	MELISSA ESCOBAR VASQUEZ
	Typed or printed name of signee