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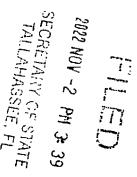
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## **COVER LETTER**

	Registration So Division of Cor			
CHD IE		CE PLUS LLC		
SUBJEC	-I; <u> </u>	Name of Lim	ited Liability Company	-
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		LUIS SALAZAR		
			Name of Person	
		LD SERVICE PLUS LLC		
			Firm/Company	
		3910 SANTA BARBARA	BLVD, 103	
			Address	· · ·
		CAPE CORAL, FL 33914		
			City/State and Zip Code	
For furth	er information c	encerning this matter, please c	to be used for future annual report no all:	outication)
LUIS SALAZAR			239 355-8725	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed	l is a check for th	he following amount:		
<b>\$25.</b> (	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 Addres Registration 5		Street Address: Registration S	ection
	Division of C		Division of Co	
P.O. Box 63			The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LD SERVICE PLUS LLC			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our record: ability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000222814</u> .	were filed on 05/12/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC"	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
	· <u></u>	BZZNOV SECRET TALLS	
Enter new mailing address, if applicable:		HA L	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter</u>	구불 36 the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	, Flo	orida	
	City	Zip 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 p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, an rovided for in Chapter 605, 1	nd I am familiar with and F.S. Or, if this document is	

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>	Address	Type of Action
MGR	ADAM JENTRIC MONTES DE OCQ	3910 SANTA BARBARA BLVD, UNIT 202, CAPE	C _ ■∧dd
			□Remove
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Effective date, if other than the date fan effective date is listed, the date must be so Note: If the date inserted in this block of document's effective date on the Depart	e of filing:
e record specifies a delayed effective dated is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October, 30	2022
	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (

Filing Fee: \$25.00