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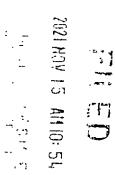
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☐ PICK-UP	☐ WAIT	MAIL
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A. BUTLER
DEC _ 5 2021

COVER LETTER

	Registration Se Division of Cor			
cuntec		IRALDO PRODUCTIONS LL	С	
SUBJECT	I :	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	am all correspo	ondence concerning this matter	to the following:	
		CAF	RMEN J ROMERO	
			Name of Person	
		A&A	MUL-T-SERVICES INC	
		* ***	Firm/Company	
		(79 LAS BRISAS WAY	
			Address	
		к	CISSSIMMEE, FL 34743	
			City/State and Zip Code	
			nultservices@gmail.com to be used for future annual report not	fication)
For further	r information c	oncerning this matter, please ca	-	
ZULMA I	RIOS		407 338-5918	
	Name o	f Person	Area Code Daytin	æ Telephone Number
Enclosed i	s a check for tl	ne following amount:		
■ \$2 5.00) Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	S55.00 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
Division of Corporations P.O. Box 6327

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/15/2021 (ALL 1) Florida document number L21000033240 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NA Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: NA Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

EDWIN GIRALDO PRODUCTIONS LLC

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ZULMA I RIOS	718 CAMEL CT	≅Add
		KISSIMMEE, FL 34759	□Remove
			☐ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
		□Add	
			□Remove
		-	Change
			□Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effec	tive date, if other than the date of filing: (optional)
(If an el <u>Note:</u>	five date, if other than the date of filing:
f the reco ecord is f	rd 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 filed.
Dated	12 NOVEMBER , 2021
	I → T\AT
	Signature of a member of a member of a member

Filing Fee: \$25.00