122000026865

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Diplomation)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2022 APR -7 AH 6: 12
SECRETARY OF STATI

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COVER LETTER

	ration Sect n of Corpo			
	Y SERVI	CES LLC		
SUBJECT:		Name of Lim	ited Liability Company	····
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
		dence concerning this matter	-	
		CAROLINA V YURASZI	:CK	
			Name of Person	
		 	Firm/Company	
		404 LEE LANE		
			Address	
		DESTIN FL 32541		
		CAROLVALTIERRA@HC	City/State and Zip Code OTMAIL.COM to be used for future annual report notifi	cation)
For further infor	mation cor	ncerning this matter, please ca	·	· · · · · · · · · · · · · · · · · · ·
CAROLINA V	YURASZI	:CK	850 7165219	
	Name of I	Person	at ()	Telephone Number
Enclosed is a che	eck for the	following amount:		
≌ \$ 25.00 Filin	ig Fee	☐ \$30.00 Filing Fee & 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)
	z Address:		Street Address:	
_	tration Se on of Co	ection rporations	Registration Sect Division of Corp	
	30x 6327	-	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION 2022 APR -7 API 6: 12 **OF**

SECRETARY OF STATE TALLAHASSEE, FL

CVY SERVICES LLC

(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 v Florida document number L22000026865	were filed on 01/12/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LL	C" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted agent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, <u>ente</u>	r the name of the new registered
New Registered Office Address:		
	Enter Florida street addre	200
	, F	loridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	лр Сые
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, a vovided for in Chapter 605,	and 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>	Name	Address	Type of Action
AMBR	CAROLINA V YURASZECK	404 LEE LANE DESTIN FL 32541	= Add
			🗆 Remove
			[]Change
			DAdd
			□ Remove
	T1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
			□Remove
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OS - 142-1-1 - 4-4	25 Al Al A						
an effective date	if other than the c	late of filing: be specific and o	cannot be prior t	to date of filing	or more than 90	(optional) lays after filing	Pursuant to 605 020
ote: If the di	re inserted in this bloc	ek does not me	ect the applica	ible statutory	filing requirem	ents, this date	will not be listed a
scument's en	ective date on the Dep	iartment of St	ate's records.				
• •							
record specifi is filed,	es a delayed effective	date, but not a	in effective tir	ne, at 12:01 a	m. on the earli	er of: (b) Th	e 90th day after the
APRIL	4		2022				
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	OLINA V YURASZ		emoer or aumo	()	iove of a membe	T	