L23000198364

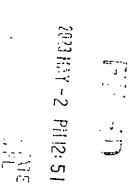
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COVER LETTER

TO:	Registration Security Division of Corp				
CUDIE		PROFESSIONAL LABOR S	ERVICES		
SUBJEC	U1;	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		NICHOLAS A MAIONE			
			Name of Person		
		MAIONE'S PROFESSION	IAL LABOR SERVICES		
Firm/Company					
		2350 SW BLAINE TERRA	ACE		
			Address		: tha
PORT ST. LUCIE FL, 34953					
			City/State and Zip Code		- - - 2
		MAIONESPROFESSIONA	L@GMAIL.COM to be used for future annual report notific	nation\	
				ation)	FH12: 5
For furth	ner information co	oncerning this matter, please c	att:		<u> </u>
NICHO	LAS A MAIONE		561 388-3441 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed	is 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)	Certified (e of Status &
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAIONE'S PROFESSIONAL LABOR SERVICES		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L23000198364	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		- :ই
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		PE on
		1+1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	F	lorida
	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I fi	urther agree to comply with the
provisions of all statutes relative to the proper and complete	e performance of my duties, a	nd I am familiar with and
accept the obligations of my position as registered agent as haing filed to marely reflect a change in the registered office		
being filed to merely reflect a change in the registered office	e address, I hereby confirm th	hat the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

ROBERTO D MAIONE

AMBR = A	authorized Member	
<u>Title</u>	<u>Name</u>	<u>Address</u>

2350 SW BLAINE TERRACE PORT ST. LUCIE, FL. _____ □Change ☐ Remove ∷ □Change _ □\\$dd _____ Change _____ □Remove

Type of Action

			
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Tective date, if other than	the date of filing:	(0	optional)
an effective date is listed, the date	the date of filing:	date of filing or more than 90 days	after filing.) Pursuant to 605.020
	e Department of State's records.	ne suitatory thing requirements	, this date will not be risted a.
	ctive date, but not an effective tim	e, at 12:01 a.m. on the carlier o	of: (b) The 90th day after the
is filed.			~:
	2022		
APRIL 27	2023		 -
APRIL 27	. 2023	-·	
APRIL 27		-·	H
APRIL 27 March 1	Signature of a member or author	. ized representative of a member	25931/37 2 FI
APRIL 27 MICHOLAS A MAI	Signature of a member or author	zed representative of a member	1137 -2 FH12:

Filing Fee: \$25.00