LD6000068345

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
	☐ WAIT	·
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	ision of Corp			
CUDIECT.		REZ DRAIN SERVICES LLO		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		OSCAR PEREZ		
			Name of Person	
		OSCAR PEREZ DRAIN S	SERVICES LLC	
			Firm/Company	
		3037 MARTIN AVENUE		
			Address	
		GREENACRES, FDL. 33	3463	
			City/State and Zip Code	
		TAXENLIGHTEN@GMAI		
			to be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please ca	all:	
OSCAR PEI	REZ		561 572-7469 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
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ation P.L.C."
3 3
name of the nev

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	PEREZ, LORENZA E	3037 MARTIN AVE.,	□ Add
		GREENACRES, FL. 33467	■ Remove
			□ Change
			Remove
			☐ Change
			Add
			Remove
			Remove Change Change Remove
			☐ Remove
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	16 DEC 19 PM 1: 25 a) VISION OF GRAPH (10)	rs
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E. Effectiv	e date, if other than the date of filing:	
	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	
	nt's effective date on the Department of State's records.	
if the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o	٠F٠
(b) The S	90th day after the record is filed.	٠.
	December 12 2016	
Dated _		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00