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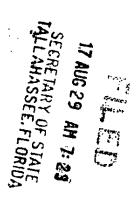
(Re	equestor's Name)	
, (Ac	ddress)	-
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

то:	Registration Section Division of Corpor				
SUBJE	ECT:	AAA IA Name of Limi	Ivestment Sca ted Liability Company	evices LLC	
The en	closed Articles of Am	nendment and fee(s) are subr	nitted for filing.		
Please	return all corresponde	ence concerning this matter t	o the following:		
	,	Jose	Antonio Lugo Name of Person		•
			^ ^ ^ .	A INVESTMENT SUR	uices ll
		7	Firm/Company -		
		230M P2501	PAGE 20428 Address	3 3	
		on lando	FC 32832 City/State and Zip Code		
		TOSe WGo E-mail address: (t	PANA E Smain o be used for future annual report noti	ication)	
For fur	ther information cond	cerning this matter, please ca	dl:		
_	tose An	tonio Luco	at (386) 653 Area Code Daytim	- 58 97	
	Name of Fe	5130H	Alea Coue Dayiiii	e receptione reaction	
Enclos	ed is a check for the f	following amount:			
□ \$ 2	5.00 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 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**

	nent Services LLC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 406000 10 5661.	y were filed on 10/31 2006. and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10524 MOSS PARK RD 20428}
(Principal office address MUST BE A STREET ADDRESS)	ORlAndo FL 32832
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17 AUG 29 AM SECRETARY OF J.LAHASSEE, J
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Fioriau Mreet address
	, Florida City Zip Code
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.

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
owner	Jose Antonio Luco	10524 MOSS PARIL 20 204	1283
		ORlando FL 32832	□ Remove
			Change
MGR	MANIA MAVAS	10529 MOSS Pank RD 20428	} □ Add
		ORIANDO FL 32932	Remove
			□ Change
Director	Antonio W60	10524 MOSS PARIL RD 20	428 } □ Add
		OR (And) PL 32832	Remove
			Change
			Add
			Remove
			Change
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				8/27/	2017.		_
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		n the Departm			andory ming requ	monto, uno	auto viii iioi ou
				, but not an	effective time,	at 12:01 a.	.m. on the e
90th day a	after ti	he record is	i filed.				
Av60:	st	27		2017.)		
			Melle	Keen	/	_	
		Signat	de of a meral	per or authorized a	epresentative of a m	nember	

Page 3 of 3

Filing Fee: \$25.00