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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:
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SUBJEC	***			
			to bloom, Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
			CARMEN A. LUCIANO	
			Name of Person	
	MULTI SERVICIOS LATINO AMERICA LLC Name of Limited Liability Company			
			Firm/Company	
		2695	A TAMIAMI TRAIL	
		<u> </u>	Address	
		PORT	CHARLOTTE, FL 33952	
			City/State and Zip Code	
			·	fication)
For further	er information e	oncerning this matter, please co	all:	
•	CARMEN A LU			
	Name o	f Person	Area Code Daytime	e Telephone Number
	•			
Enclosed	is a check for th	he following amount:		
■ \$25.0	00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration 5 Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
	P.O. Box 632	27	The Centre of T	allahassee
,	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
23 JUL 14 PM 12: 53

MULTI SERVICIOS LAT	TNO AMERICA LLC PALITAGE STATE			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L07000047931}{L07000047931}$.	were filed on 07/12/2023 and assigned			
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Li			
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2695A TAMIAMI TRAIL			
(Principal office address MUST BE A STREET ADDRESS)	PORT CHARLOTTE, FL 33952			
Enter new mailing address, if applicable:	2695A TAMIAMI TRAIL			
(Mailing address MAY BE A POST OFFICE BOX)	PORT CHARLOTTE, FL 33952			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
SEC	CARMEN C. SALCEDO	844 DOLPHIN AVE NW	□ Add
		PORT CHARLOTTE, FL 33952	Remove
			Change
TREA	JOSE SALCEDO	844 DOLPHIN AVE NW	
		PORT CHARLOTTE. FL 33952	
			□Change
			Remove
			□Change
			
			□Remove
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			Change
			□Remove
			□Change

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