

LO8 0000 87808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

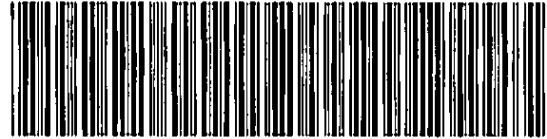
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JUN 15 PM 3:58

*Amend*

JUL 9 2020

D CUCHINGO

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOUTH FLORIDA MULTISERVICES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGEL ARMANDO MARTINEZ

\_\_\_\_\_  
Name of Person

SOUTH FLORIDA MULTISERVICES, LLC

\_\_\_\_\_  
Firm/Company

1709 WHITEHALL DR. APT 205

\_\_\_\_\_  
Address

DAVIE, FL 33324

\_\_\_\_\_  
City/State and Zip Code

sflmultiservices@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Armando Martinez

786 6038941  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS  
20 09 15 PM 3:58

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOUTH FLORIDA MULTISERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on AUGUST 29, 2008 and assigned  
Florida document number L08000082808.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1709 WHITEHALL DR. APT 205 DAVIE, FL 33324

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1709 WHITEHALL DR. APT 205 DAVIE, FL 33324

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: ANGEL ARMANDO MARTINEZ

New Registered Office Address: 1709 WHITEHALL DR. APT 205

*Enter Florida street address*

DAVIE, Florida 33324  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARTA LETICIA ESCUTIA	5200 NW 31ST AVE APT L210	<input type="checkbox"/> Add
		FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOSE R MARTINEZ	1709 WHITEHALL DR APT 205	<input type="checkbox"/> Add
		DAVIE, FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGEL ARMANDO MARTINEZ	1709 WHITEHALL DR APT 205	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2020

ANGEL ARMANDO MARTINEZ

Typed or printed name of signee

**Filing Fee: \$25.00**