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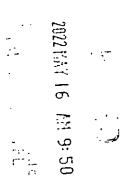
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

·TO: 'Registration So Division of Co			
	I-SERVICE LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CLARA LUZ GONZALE	Z MERINO	
		Name of Person	
	CL MULTI-SERVICE LL	C	
	***************************************	Firm/Company	
	2393 S CONGRESS AVE SUITE 120		
		Address	<u> </u>
	WEST PALM BEACH, F	L 33406	
		City/State and Zip Code	
	CLMULTISERVICE1@Gi	MAIL.COM  (to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	·	meanum,
CLARA LUZ GONZAI	•		
	of Person	561 889-2143 at ()	e Telephone Number
svame (	n Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CL MULTI-SERVICE LLC

2022 EAY 16 AM 9: 50

(Name of the Limited (A)	Liability Company as it now appears on our rec Florida Limited Liability Company)	<u>oras.)</u> 
The Articles of Organization for this Limited Liabi Florida document number L11000068787		and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
N/A		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le: N/A	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h  Name of New Registered Agent:		ter the name of the new regist
	,	
New Registered Office Address:	Enter Florida street ade	drave
	imer i antuu sireet aa	urvəə
-	,	Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE RODRIGUEZ HERNANDEZ	2929 WAYNE RD	□Add
		WEST PALM BEACH, FL. 33406	<b>≡</b> Remove
			□Change
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