L12000016582

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(* 12		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
•	,	•
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

B. KOHR

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EXAMINER



100224873411

03/16/12--01013--001 **25.00

SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO:	Registration So Division of Co	ection rporations	• *	** *	3
SUBJE	ECT:		SERVICES, LLC		,s
		Name of Lim	ited Liability Company		•
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all correspo	ondence concerning this matter	r to the following:		
		<u>J</u>	ESSICA MARCHENA Name of Person	·	
			Firm/Company		n Sec
		301 YA	MATO ROAD, SUITE 1 Address	240	12 HAR 16 PH 4: 40
		BOCA	RATON, FLORIDA 334 City/State and Zip Code	131	PH 4: HO
			HENA@INVXGLOBAL (to be used for future annual report	COM notification)	0 #
For fur	ther information o	concerning this matter, please of	eall:		
		ME GODUR of Person	at (561) Area Code & Da	654-1333 sytime Telephone Number	
Enclose	ed is a check for the	he following amount:			
☑ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified C	of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration So Division of Co Clifton Buildin	orporations ng e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LITY SERVICES, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)	
(
The Articles of Organization for this Limited Liabilit	y Company were filed on	02/02/2012	and assigned
Florida document numberL12000016582	·		and assigned File By 4: 40
			第 章
This amendment is submitted to amend the following	;:		5 G
A If amonding name and a the name and a file	!!«		R Const
A. If amending name, enter the new name of the	imited hability company he	<u>re</u> :	F. 100
77.			0 %
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "i	LC" or the aboreviation
T-400 :6 :			
Enter new principal offices address, if applicable:	*		
<u>(Principal office address MUST BE A STREET AD</u>	DRESS)		
	**************************************	, , , , , , , , , , , , , , , , , , , 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			•
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	<u></u>		
B. If amending the registered agent and/or re	gistered office address on	our records, enter t	he name of the new
registered agent and/or the new registered office a	ddress here:		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	En	ter Florida street add	ress
		Ti	
	City	, Florida	Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager. MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** 415 SW 17TH STREET SH ROBERT S. DAVIMOS ☐ Add BOCA RATON, FLORIDA 33432 **✓** Remove ☐ Add Remove ☐ Add Remove Add Remove \square Add ____ Remove Add _____Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Solvy February - Mode

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00