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T. HAMPTON

COVER LETTER

	Registration Se Division of Cor			
CUD IE		T SOLUTION MULTI S	SERVICE LLC	
SUBJEC	~1; <u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ALLEN DESROULE	AUX	
			Name of Person	
		PERFECT SOLUTIO	ON MULTI SERVICE LLC	
			Firm/Company	
		348 MID-PINES RO	AD	
			Address	
		PALMS SPRINGS, I	FLORIDA 33461	
			City/State and Zip Code	
		E-mail address: (AIL.COM to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please ca	all:	
ALLE	N DESROUL	EAUX	561 5721799	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	he following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

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

PERFECT SOLUTION MULTI SERVICE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/22/2012

This amendment is submitted to amend the following:

Florida document number <u>L120</u>00133931

Α.	If amending na	ıme, <u>enter the new</u>	name of the li	imited liability	company here:

The new name must be distinguishable and end with the words "Limited Lial Enter new principal offices address, if applicable:	1804 N UNIVERSITY DRIVE
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES FL 33024
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DIDIER DESROULEAUX	8151 SW 27TH PLACE DAVIE,	FL 3332{ ■ Add
			□ Remove
			□ Add
			☐ Remove
			SECRETARY SECRETARY ALLAHASS
			ARYOF STATE
			STATE Add
			☐ Remove
			Add
			☐ Remove
			Add
			Remove

	ttach udditional sheets, if necessary.)
	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	(optional) te and cannot be more than 90 days after
Dated NOVEMBER 12TH 2014	
Jaicu ,,	
ALLEN DESROULEAUX	representative of a member

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Filing Fee: \$25.00