## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000250930 3)))



H220002509303ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone : (305)882-1238 Fax Number : (305)882-1260

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MALIK SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

.IUL 26 2022

## **COVER LETTER**

то:	Registration Se Division of Cor			•						
CUNTE		MALIK SERVICES LLC								
SUBJE	:C1:	Name of Lim	ited Liability Company							
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.							
Please	return all correspo	ndence concerning this matter	to the following:							
		YAILEX VALLE								
		<del>-</del>	Name of Person							
		MALIX SERVICES LLC								
			Firm/Company	<del></del>						
		281 NW 41 AVENUE								
			Address							
		MIAMI, FL 33126								
			City/State and Zip Code							
		AB1100@YAHOO.COM	to be used for future annual report not	fination						
For fur	ther information c	oncerning this matter, please of	·	neasony						
	DI A PERERA		786 230-9651							
Name of Person			at ()	c Telephone Number						
Enclose	ed is a check for th	ne following amount:								
	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations .7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee e Street, Suite 810						

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MALIK SERVICES LLC	
(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company were filed on 09/17/2013  Florida document number L13000131604	and assigned
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 "LLi	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here:	r the name of the new registered
ingent and of the new registered office authors here.	2022
Name of New Registered Agent:	
New Registered Office Address:	12: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7:
Enter Florida street addire	ess English
City .	- Zip Code
New Registered Agent's Signature, if changing Registered Agent;	24

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, 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>	Address	Type of Action
AMBR	YOANDI A PERERA	281 NW 41 AVENUE	<b>=</b> Add
		MIAMI, FL 33126	□ Remove
			□ Change
			□Add
			□Remove
<u></u>			□Add
			□Reniove
			Change
			🗀 Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			FTChange

-									· · · · · · · · · · · · · · · · · · ·	
_						• • • • • • • • • • • • • • • • • • • •	<del></del>			
					<del>-</del> .			<del></del> ;		
		<u></u>								
_				·····						
							·-			
		_								
									· <u> </u>	
_					-					
-							<u>-</u> -			<del></del>
_	<del>.</del>	· · · ·								_
_			<u></u>		<del></del>		<u> </u>			
_	· <del>-</del> ·				<u> </u>			<u> </u>		
_	_				<del></del>				<del></del>	
_						•	<del></del>			
_										<del></del>
<del></del>							<u></u> .		<u>.                                    </u>	
Vote: 1	ve date, if o ctive date is li- f the date in: nt's effectiv	serted in this	s block does	not meet t	the applicat	date of filing le statutory	or more then filing requir	(option 90 days after f ements, this	nal) iling.) Pursuant to date will not be	605.0207 listed as
record d is file		lelayed effec	tive date, b	ut not an e	ffective tim	c, at 12:01 a	.in. on the e	arlier of: (b)	The 90th day	after the
Pated _	07/25/2022				<u> </u>	. •				
	<u> </u>	)	- 1	A memb			ative of a mer	nhar	- <del></del>	_
			7 (Maria Line)	A 14 TOTAL						

Filing Fee: \$25.00