P. 001

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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JUL 1 3 2015

Corporate Filing Menu

Electronic Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SERVICES, LLC	
(April of the Limited Linds) (A Flori	lity Company as it now appears on o de Limited Liability Company)	ur-records-)
The Articles of Organization for this Limited Liability Florida document number <u>L13000139847</u>	Company were filed on 10/03/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lie	nited liability company here:	
		> ∞ .
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designed	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	07.25 S
we a second was a second with a second was		
Enter new mailing address, if applicable:		<u>~~~~</u>
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	
B. If amending the registered agent and/or reg		records, enter the name of the ne
TO GIVE THE WAY HAVE OF SHE ALTH TO DESCRIPT ON COMMENT	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sir	et adàress
		Florida
	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

 Title	Name	Address	Type of Action
MGR	dennis rivera	3290 NW SOUTH RIVER DR	■ Add
		MIAMI, FL 33142	C. Remove
			□ Change
MGR	SYED A. ALI	3290 NW SOUTH RIVER DR	Add
		MIAMI, FL 33142	C Remove
			□ Change
MGR	MARC CIRELLI	3290 SOUTH RIVER DR	
		MIAMI, FL 33142	□ Remove
			□ Change
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E. Effective date, i	f other than the date of filing:	(6	optional)		
(If an effective date in Note: If the date	s listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicable nive date on the Department of State's records.	te of filing or more than 90 days statutory filing requirements	after filing.) l , this date w	Pursusus rill not	to 605.02 be listed
If the record spec	ifies a delayed effective date, but not an	effective time, at 12:0)1 a.m. o	n the	earlier
(b) The 90th da	y after the record is filed.	·			
Dated JULY 2	2015				
	~ 1h a ~				

Typed or printed name of signee