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K.SALY EXAMINER APR - 6

## **COVER LETTER**

TO: Registration Second Division of Con			
SUBJECT:	mara Delgado Núme of Lim	L. L. C.	·····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Josim	ara Delgado Name of Person	
		ses LSA, L.L.	
		Glenwood St Address	
	Palm	Bay, Fr. 32	.907
	Saservi E-mail address: (	Bay, F. 32  City/State and Zip Code  ES IIC Outlook.  To be used for future annual report notified.	COM (ication)
For further information c	oncerning this matter, please ca		
_Uosimaya_ Name o	Delgado	at (32) 208 - Area Code Daytime	- 2842 e Telephone Number
Enclosed 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 enclosed)	Sectificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O	RGANIZATION 20/6 APR
(Name of the Limited Liability Compar (A Florida Limited L	RGANIZATION  F  20/6 APR  PK  1: 08  (ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16 0 0 00 5 9 3 32.</u>	were filed on <u>03/23/2016</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi  Services  The new name must be distinguishable and contain the words "Limited Liabili  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1942 Glenwood St Palm Bay i Fi 32907
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: W/A	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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 = Ma	inager ithorized Member		2016 APR -4 PH 1: 08	
<u>Title</u>	<u>Name</u>	Address	TATE OF 1:08	Type of Action
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Filing Fee: \$25.00