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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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## **COVER LETTER**

	Registration Se Division of Cor					
orin in a		LORIDA PERMITS SERVICE	S LLC			
SUBJEC	TI:	Name of Lin	Name of Limited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		YULIET OLIVERA				
			Name of Person			
			Firm/Company		SE SE	
		6720 EAGLE RIDGE DR			CREAT POINT	FI
			Address		23 SSE	UBIL
		GREENACRES, FL 3341	3		23 PH 6: 28 ANT OF STATE ASSEE, FLORIDA	Ö
City/State and Zip Code YULIETOLIVERA@GMAIL.COM				5: 28 ATE ORIDA		
		E-mail address: (	to be used for future annual report notif	ication)		
For furthe	er information c	oncerning this matter, please c	all:			
YULIET	OLIVERA		561 601-1410			
	Name o	f Person		Telephone Number		
Enclosed	is a check for the	he following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH FLORIDA PERMITS SERVICES	LLC	
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on 05/13/2016	and assigned
Florida document number L16000094144	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SOUTH FLORIDA FIRST SERVICES LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<b>25 26 26 26 27 26 27 26 27 27 27 27 27 27 27 27</b>
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		2 E
Enter new mailing address, if applicable:		PR C
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>, ∞</u>
B. If amending the registered agent and/or regi		enter the name of the ne
registered agent and/or the new registered office add	dress here:	
Name of New Registered Agent:		
Name of New Registered Agent.		<del></del>
New Registered Office Address:	r rl II	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Florie	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIS R OLIVERA	6720 EAGLE RIDGE DR GREENACRES, FL 33413	■ Add
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te: If the date insert	er than the date of I, the date must be speci ted in this block does ate on the Departmen	not meet the app	licable statutory	or more than 90 days filing requirements	optional) s after filing.) Pursuan s, this date will not	it to 605.020 be listed a
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