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ALI AHASSEE, FLORIDA

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COVER LETTER

	Registration So Division of Co			
SUBJEC		ervices LLC		
SUBJEC	/li	Name of Lim	sited Liability Company	
The encl	osed Articles of	Amandment and finite) are sub	united for filing	
			-	
		sidence concerning and maker	to the following.	
		Bruno Viana Monteiro		
			Name of Person	
		P&C All Services LLC		
			Name of Person LC Firm/Company ive Address 33069 City/State and Zip Code Ogmail.com dress: (to be used for future annual report notification) ease call:	
		1128 W Cypress Drive		
			Address	pany S Zip Code re annual report notification) 637-0730 Daytime Telephone Number
		Pompano Beach, FL. 3306	9	
		22106		
		marcelagarzon2319@gmail E-mail address: (ification)
For furth	er information c	oncerning this matter, please co	all:	
Bruno V	iana Monteiro			
	Name o	of Person	at () Area Code Daytin	ne Telephone Number
 - 				
i		he following amount:		_
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Com (A Florida Limite	pany as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number L16000172073	Liability Compar	ny were filed on $\frac{09/14}{1}$	4/2016	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company hero	2:	
N/A				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICI	N/A		17 JUL 27	
B. If amending the registered agent an registered agent and/or the new registered	• • • • • • • • • • • • • • • • • • • •		our records, <u>ente</u>	r the name of the
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
-		Enter Florid	a street address	
			Florida	Zip Code

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>	<u>Address</u>	Type of Action
AP	ADRIANA GUERRERO	11175 STONE CREEK ST	
		WELLINGTON, FL. 33449	■ Remove
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			Remove
			Change
			
			Remove Change SS
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		07/17/2				7017 843
ective date, if other than effective date is listed, the da te: If the date inserted in to nument's effective date on record specifies a del the 90th day after the	te must be specif his block does the Departmen layed effecti	fic and cannot be not meet the ap not fire state is reco	oplicable statuto ords.	ory filing requir	ements, this da	ng.) Pursuant to 605 ite will not be list
ed July 15		2017	····································			
·	Nua Signature	v Cu C	authorized repre	sentative of a me	nber	

Page 3 of 3

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