

LI6 000 180 103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

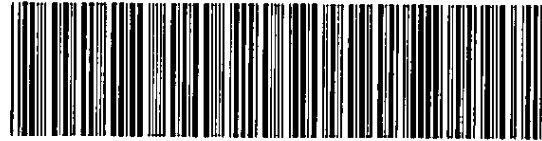
(Business Entity Name)

(Document Number)

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20 JUN 22 PM 4:04  
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OFFICE OF NOTARIES

JUL 22 2020

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MULTISERVICES PRO USA LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marielsa Gonzalez

\_\_\_\_\_  
Name of Person

MULTISERVICES PRO USA LLC

\_\_\_\_\_  
Firm/Company

2123 SW 27TH AVE

\_\_\_\_\_  
Address

MIAMI FL 33145

\_\_\_\_\_  
City/State and Zip Code

multiservicesprousa@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marielsa Gonzalez

786

439-8576

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 JUN 22 PM 4: 06

FILED  
BY OF STATE  
DIVISION OF CORPORATIONS

20 JUN 27 15 00Z  
and assigned

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Miami, FL 33145

Miami, FL 33145

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*Zip Code*

Page 1 of 3

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>	<u>Type of Action</u>
MGR	NURIA PONCE HERNANDEZ	2002 W FLAGLER ST	<input type="checkbox"/> Add
		MIAMI FL 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIELSA GONZALEZ	2123 SW 27TH AVE	<input type="checkbox"/> Add
		MIAMI FL 33145	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ALEJANDRO HERNANDEZ	2123 SW 27TH AVE	<input type="checkbox"/> Add
		MIAMI FL 33145	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Maricela Gonzalez

Typed or printed name of signee