116000185043

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SECRETARY OF PLORIDA

Amend

JAN 0 9 2020 I ALBRITTON

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
A & D MA	RQUEZ SERVICES LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	David Marquez				
		Name of Person			
	A & D Marquez Services I	A,C			
		Firm Company			
	2380 NW 26th Street				
		Address			
	Miami, Florida 33142				
	1	City/State and Zip Code			
	david305marquez@gmail.c E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
Antonio Marquez		786 4484383			
Name o	rf Person	Area Code Daytir	ne 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S	ection		
Division of C		Division of Corporations			
P.O. Box 632			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee,	FL 32314	2415 N. Monr	oe Sireei, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number £16000185043	iability Company	were filed on $\frac{10/4/20}{10}$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
(Principal office address MUST BE A STREET ADDRESS)			TANGE OF T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>SBOX)</u>	NA	C-4 PL 3 34
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our recor	ds, enter the name of the new register
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
	Enter Florida street address		
	NA	<u> </u>	Florida
		City	Zıp Code

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

Ş

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
AMBR	Antonio Marquez	2380 NW 26th Street, Miami FL 33142	<u></u> ≡Add
			□Remove
			□Change
			= Add
			□Remove
			=Change
			□Remove
			= Add
			□Remove
			Change
<u> </u>			Add
		🗖 Remove	
			TChange
			□Remove
			□Change

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D. If

1

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NA
•	
Note:	tive date, if other than the date of filing:
docur	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Data	November 27th 2019
Dated	
	Signature of a member or authorized representative of a member
	David Marquez Typed or printed name of signee

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Filing Fee: \$25.00