11600 195264

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200353088972

10/07/20--01013--015 **30.00

2820 OCT -7 PM 2: 44

US 11/15/20

COVER LETTER

Ή:

Registration Section

Div	ision of Cor	porations				
	MAIL SVS.	LLC				
SUBJECT:		Name of Lim	ited Liability Company	<u></u>		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		LUIS ENRIQUE HERNA	NDEZ			
			Name of Person			
		MAIL SVS, LLC				
			Firm/Company			
		8681 W IRLO BRONSON	MEMORIAL HWY		2829 OCT	
			Address			
		KISSIMMEE, FL 34747			1	, ,
		_	City/State and Zip Code): F
		E-mail address: (to be used for future annual	report notification)		Y E
For further in	nformation co	oncerning this matter, please c	all:		37 57	ຼາວ
LUIS ENRIG	QUE HERNA	ANDEZ	407 77 at ()	75926		
	Name of	l Person	Area Code	Daytime Teleph	ione Number	
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &
	iling Addres gistration S		Street A Registr	address:		
Div	ision of C	orporations	Divisio	on of Corporati		
). Box 632 Jahassee, I			entre of Tallaha J. Monroe Stree		
1 11	วสเกลออิติต. 1	た フキノ1マ	441 J 1V	v. mioniot siitt	a. Dune 010	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAIL SVS, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L16000195264}{L16000195264}$	d on 10/24/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	gany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2028 (
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	, Florida Zip Code
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act i provisions of all statutes relative to the proper and complete performe	

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

f 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>l'itle</u>	Name	<u>Address</u>	Type of Action
AMBR	LUIS GREGORIO HERNANDEZ	8987 W IRLO BROSON MEMORIAL HWY	□Add
		SUITE 127	≣Remove
		KISSIMMEE, FL 34747	□Change
AMBR	JOSE GREGORIO FIGUERA	987 W IRLO BROSON MEMORIAL HWY	= Add
		SUITE 127	Remove
		KISSIMMEE, FL 34747	Change
			PAdd
			□Change
			🗆 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
		-	Change
			□Add
			□Remove
			□Change

			· · · · · · · · · · · · · · · · · · ·	
				•
<u> </u>				
				
			23	
		· · · · · · · · · · · · · · · · · · ·	2,223	
			Cĩ.	
		1	<u>.</u>	
			- 	•
		Tien to the state of the state		
		======================================	(i)	
ve date, if other than the date of filing:	nrior to date of filing or	(option more than 90 days after fi	i al) ling.) Pursu:	unt to 605.020
If the date inserted in this block does not meet the ap	plicable statutory fil	ng requirements, this o	late will no	ot be listed a
ent's effective date on the Department of State's reco	FUS.			
d specifies a delayed effective date, but not an effective	actime at 12:01 a m	on the earlier of: (b)	The 90th	day after the
ed.		. On the chiller on (o)	7112 71111	uay unce un
·	·			
(January)				
Signature of a member or a		ia of a mambar		
Signature of a member or a	nithorized representati	e or a memori		