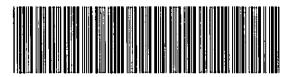
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Special Instructions to Filing Officer:
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COVER LETTER

	Division of Cor		*	
		DA'SERVICES LLC	\$	·
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		YOLY SABILLON	·	
		-	Name of Person	
		LA FLORIDA SERVICES	SLLC	
			Firm/Company	
		11356 S ORANGE BLOS	SOM TRAIL	
			Address	
		ORLANDO, FL 32837		
			City/State and Zip Code	
		ysabillon@flbusinesservice		
		E-mail address: (to be used for future annual report not	
For furth	er information c	oncerning this matter, please c	all:	·
YOLY S	SABILLON		407 723-1333 at ()	1921 <u> </u>
	Name o	f Person	Area Code Daytin	Telephone Number
Enclosed	l is a check for th	he following amount:		\triangleright
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C	Section	Street Address: Registration Se Division of Co	
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA FLORIDA SERVICES LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10/31/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office	address on our records, enter the nar	ne of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		2021
New Registered Office Address.	Enter Florida street address	
	, Florida	1 -
· · · · · · · · · · · · · · · · · · ·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	1	<u> </u>

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 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

Title	<u>Name</u>	Address	Type of Action
MBR	YOLANDA SABILLON	11356 S ORANGE BLOSSOM TRAIL	□Add
		ORLANDO FL 32837	□Remove
			■Change
MBR	ROBERTO A SABILLON	11356 S ORANGE BLOSSOM TRAIL	= Add
		ORLANDO FL 32837	□Remove
			□Change
AP	BUSINESS SERVICES-USA CO	11356 S ORANGE BLOSSOM TRAIL	□Add
		ORLANDO FL 32837	■ Remove
			□Change
			ZQZ □Add
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ote: If the date ind	serted in this block do	es not meet the applica	ble statutory filing r	equirements, this date w	vill not be listed as
cument's effective	a date on the Departm	ent of State's records.			
					Out does a Constitu
ecord specifies a c is filed.	lelayed effective date.	but not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) The	your day after the
is filed.					
MAY 26.		2021			
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	(45)				
	——————————————————————————————————————	ure of a member or autho	rized representative of	a member	
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