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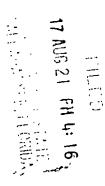
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S. WARREN AUG 2 4 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp						
aun Ir		A GENERAL SERVICES LLC					
SUBJE(	ui;	Name of Limited Liability Company					
The enc	losed Articles of a	Amendment and fee(s) are sub	nitted for filing.				
Please r	eturn all correspo	ndence concerning this matter t	o the following:				
		GONZALO AREVALO					
			Name of Person				
		BLINTRONAR ARMORII	NG AND TRUCKING LLC				
			Fitm/Company				
		8285NW 64th ST, SUITE (	ó,				
			Address				
		MIAMI, FL. 33166					
			City/State and Zip Code				
		blintronar@hotmail.com E-mail address: (t	o be used for future annual report notif	ication)			
For furt	her information c	oncerning this matter, please ca	di:				
Gonzal	o Arevalo		786 7144168 at ()				
	Name o	f Person	Area Code Daytime	: Telephone Number			
Enclose	ed is a check for th	ne following amount:					
□ \$25	.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			

MAHLING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)

MORALE JA GENERAL SENVICES LL C.

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

The Articles of Organization for this Limited Liability Company were filed on January 23, 2017 and assigned Florida document number \_\_\_\_L17000017038 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address New Registered Agent's Signature, if changing Registered Agent: 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	AYMETH MORALES	751SW, 148AV SUITE 107,	■ Add
		DAVIE, FL 33325	☐ Remove
			Change
AMBR	GUILLERMO MORALES	751SW 148AV SUITE 107.	■ Add
		DAVIE, FL. 33325	□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		<del></del>	□ Add
			☐ Remove
		<del></del>	Change
			Remove
			[ ] [ [ ] [ ] [ ] [ ] [ ] [ ] [ ]
			☐ : <b>f</b> ⊝ : <b>f</b> ⊝ : <b>f</b>

sting duty if athor than the deta	of Gli-a	(antiqual)
ffective date is listed, the date must be sp	of filing:ecific and cannot be prior to date of filing or more than 90 day	ys after filing.) Pursuant to 605.0
If the date inserted in this block doment's effective date on the Departn	oes not meet the applicable statutory filing requiremen nent of State's records.	its, this date will not be listed
ecord specifies a delayed effe	ective date, but not an effective time, at 12	::01 a.m. on the earlier
e 90th day after the record i		
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Signa	ture of a member of authorized representative of a member	21 PH

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Filing Fee: \$25.00