## L17000021645

(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



300304079093

10/18/17--01009--026 \*\*25.00

## **COVER LETTER**

TO:

	gistration Se vision of Cor			
end læær.		ULTISERVICE LLC		
SUBJECT		Name of Lim	ited Liability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		ELSA DE JESUS		
			Name of Person	<del></del>
			Firm/Company	
		5308 ERIKA PL		
			Address	
		LAKE WORTH FLORID	A 33463	
		AEWINDOW0@GMAIL.C		
For further	information c	h-mail address: ( oncerning this matter, please ca	to be used for future annual report notifiall:	ication)
ELSA DE .	JESUS		561 373-2559	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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)
	Registr Divisio	ING ADDRESS: ation Section in of Corporations ox 6327	STREET/COURIF Registration Section Division of Corpora Clifton Building	ı

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELSIE'S MULTISERVICE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/27/2017}{1}$ and assigned Florida document number  $\frac{L17000021645}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) וד 줖 Enter new mailing address, if applicable: (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: 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 Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ELSA DE JESUS	5308 ERIKA PL	■ Add
		LAKE WORTH FL 33463	Remove
			□ Change
	***************************************		Add
			Remove
			Change
		-	Add
			□ Remove
			Change
		<del></del>	Add
			□ Remove
			□ Change
	·		Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change

					· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	
					ACC ACC	7
					IASS IASS	3 = 7
					<u> </u>	
	11				ORIO	=======================================
						<u>-52</u>
		,		······································		
				<del></del>		
			-			-
Effective date, if other than the da	te of filing:	08/01/2017		(or	otional)	
(If an effective date is listed, the date must be <b>Note:</b> If the date inserted in this block	specific and c	annot be prior to	date of filing or ole statutory fil	more than 90 days at	fter filing.) Pursua	ant to 605.0207 of be listed as
document's effective date on the Depa	rtment of Sta	nte's records.	·			
the record specifies a delayed e ) The 90th day after the record	ffective da I is filed.	ite, but not	an effective	time, at 12:01	La.m. on th	e earlier o
OCTOBER 16		2017				
	·		<b>-</b> '			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00