217000040636

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SUBJECT:	C & A SER	VICES OF SOUTH FL, LLC		
JOBULCI.		Name of Lim	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		VITO PAGILLO		
			Name of Person	
		C & A SERVICES OF SC	OUTH FL, LLC	
			Firm/Company	
		5760 SW 38TH COURT		
			Address	
		DAVIE, FLORIDA 3331	4	
		·	City/State and Zip Code	
		PROFTAX1111@AOL.CO		
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please co	all:	
THOMAS OROURKE, CPA		CPA	561 2677448 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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
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

C & A SERVICES OF SOUTH FL. 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 $\frac{02/21/2017}{1}$ and assigned Florida document number ____L17000040636 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 "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) 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 Florida

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.

City

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>	<u>Address</u>	Type of Action
MGR	VITO PAGILLO, OWNER	5760 SW 38TH COURT	■ Add
		DAVIE, FLORIDEA 33314	☐ Remove
			☐ Change
			Add
			□ Remove
		, ,, ., ,,	☐ Change
			Add
		Annual Control	□ Remove
			☐ Change
			C⊖ □ Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change

	=
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or n oter. If the date inserted in this block does not meet the applicable statutory filing.	nore than 90 days after filing.) Pursuant to 605.020 or requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
ated 4 / \	

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Typed or printed name of signee

Filing Fee: \$25.00