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Division of Corporations

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: (850)617-6383

From:

Account Name : FLORIDA MULTISERVISES, INC.

Account Number : 120150000051

Phone

: (786)290-3319

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A & C GENERAL SERVICE GROUP LLC

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OCT 27 2017

COVER LETTER

H170002816813 TO: Registration Section Division of Corporations A & C GENERAL SERVICE GROUP LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: EDUARDO COLLADO Name of Person A & C GENERAL SERVICE GROUP LLC Firm/Company 2101 NW 35th STREET Address MIAMI FL 33142 City/State and Zip Code flmultiservices@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EDUARDO COLLADO Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

H 170002816813

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H 170002816

A & C GENERAL SERVICE GROUP, LLC

(Name of the Limiter	Liability	Сопралу	as it now appears	on our records.
· —	Florida	imited 12	bility Company	11 841

The Articles of Organization for this Limited Liability	y Company were filed on 03/09/2017 and assigned	
Florida document number L17000054768		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the lin	imited liability company here:	i
N/A		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "DL.C."	-
Enter new principal offices address, if applicable:	N'A 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	بند. حسد
(Principal office address MUST BE A STREET ADD	10	.71
	i u	,—
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent: Name of New Registered Agent: N/A		<u>ew</u>
New Registered Office Address:	Enter Florida street address	
	2.10.111.11.12.11.12.1	
	City , Florida	
New Registered Agent's Signature, if changing Registere	· 1	
provisions of all statutes relative to the proper and categories are called as registered a	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, Thereby confirm that the limited liability to	ie,
	If Changing Registered Agent, Signature of New Registered Agent	

Page 1 of 3

If amendir or remove	ng Authorized Person(s) authorized t d from our records:	to manage, enter the tille, name, and address	1
MGR = I		H170002,	8 168 13
<u>Title</u>	Name	Address	Type of Action
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		MIAMI, FL 33142	Remove
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Filing Fee: \$25.00