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(Re	questor's Name)	
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		COVER LETTER	٥5
	tration Section on of Corporations		
SUBJECT: _	M.D. Home an	d Business Ser	·Vi'Cols LLC
The enclosed z	Articles of Amendment and fee(s) are sub	mitted for filing.	
Please return a	Il correspondence concerning this matter	to the following:	
	Moutaz	Name of Person	
	MO Hon	~a & Business S Firm/Company	ervius LLC
	2285 Mans	h Hawie Lane	
	Flaming 18	City/State and Zip Coole	<u>o}</u>
	Montaz. d. trai	nspend @ Gmail . C	our fication)
For further inf	ormation concerning this matter, please c		
Mouta	2 Doukmak Name of Person	at (CoV) 531. Area Code Daytim	- S i lo 4 e Telephone Number
Enclosed is a	heck for the following amount:		
□ \$25.00 Fil	ing Fee 530.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
2013EP - 5 PH 8: 88	MAILING ADDRESS: Registration Section Division of Corporations PLOC Box 6327 Enthalassee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 33	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it mov appears on our records.) Triability Company)	
The Acticles of Organization for this Limited Liability Company Florida document number $\frac{d}{dt} = \frac{1}{2} \frac{dt}{dt} \exp(itt) \frac{dt}{dt} = \frac{1}{2} \frac{dt}{dt}$	y were filed on the profile of the section of the s	and assigned
This amendment is submitted to amend the following:		
A. If amonding name, enter the new name of the limited liable $(1/2)(1/2)(1/2) = (1/2)(1/2)(1/2) = (1/2)(1/2)$		eviation *1,1,C *
Enter new principal offices address, if applicable:	<u>-</u> .	
(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 of registered agent and/or the new registered office address her	office address on our records, <u>enter tl</u> re:	ic name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	City	taki ku ji t
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 contirm 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 = Anthorized Member

<u>Hide</u>	Name	Address	Type of Action
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			[] Remove
			[] Change
-	·		D Add
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E. Effective	e date, if	other tha	n the date	of filing	.;	prior to date of			_ (option:	al)		ะกรก
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Filing Fee: \$25.00