## 117000139313

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## **COVER LETTER**

PFISTE SUBJECT:	R.SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	MARIA CERNADAS		
		Name of Person	
	MARIA'S INCOMETAX	& ACCOUNTING SERVICE	S. INC.
		Firm/Company	
	4689 NW 199 STREET		
	<del> </del>	Address	<del></del>
	MIAMI GARDENS, FL 3	33055	
		City/State and Zip Code	
	E-mail address: (	tto be used for future annual repor	t notification)
For further information	n concerning this matter, please c	rall:	∴ □
CRISTINA CERNAI	DAS	305 624-778	
Nan	ie of Person		aytime Telephone Number
Enclosed is a check to	r the following amount:		· co
■ \$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)

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

PFISTER.SERVICES LLC				
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I	liability Company were filed on 06.	u27/2017	and as	signed
Florida document number 1.17000139313	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	lesignation "LLC" or the	abbreviation "1.	.L.C."
Enter new principal offices address, if appli	cable:			<del></del>
(Principal office address MUST BE A STREA	ET ADDRESS)			<del></del> -
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and	Var registered office address a	n our records ente	or the name	of the n
registered agent and/or the new registered of		rour records, ence	· · · · ·	· -
			<u>-                                    </u>	· · I
Name of New Registered Agent:				7 -17
New Registered Office Address:	212 SW 6 COURT		· ·	~; ·~~~~
	Enter Flo	rida street address	<u> </u>	
	POMPANO BEACH	, Florida :	33060 :	
	City		Zip Code	

## 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

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>	Address	Type of Action
MGR	DOMINGO CERNADAS	212 SW 6 COURT	□ Add
		POMPANO BEACH, FL 33060	■ Remove
		<del></del>	☐ Change
MGR	ANTHONY PFISTER	212 SW 6 COURT	
		POMPANO BEACH, FL 33060	Remove
			Change
			□ Remove
		<u> </u>	
			☐ Remove
			☐ Change
			□ Add
			Remove
			□ Change —
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			Change

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Iffective date, if oth	er than the date o	06/21/2017 of filing:		(optional)	
f an effective date is listed <u>Note:</u> If the date inser	l, the date must be spec ted in this block doe	eific and cannot be prior to	date of filing or more than 90 de statutory filing requirem	days after filing.) Pursuaat	
					<u>_</u> .
e record specifies The 90th day aft			an effective time, at 1	2:01 a.m. on the	earlier d
, the settines, etc	cc . cco. a .a				
JUNE 30	Λ	2017	4		in
		_ /			T
	1/6/	<i>[1]</i>	•		

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Typed or printed name of signee

Filing Fee: \$25.00