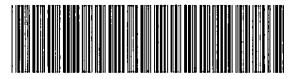
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(Req	uestor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF JAME
DIVISION OF CORPORATION

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SECRETARY OF SHALLOR DIVISION OF CORPCRALION

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## COVER LETTER

TO:	Registration Sec Division of Corp			
enton		s South Florida LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		Loany Velasquez		
			Name of Person	
All Services South Florida LLC				
Firm/Company				
820 NE 17 STREET				
			Address	
FORT LAUDERDALE FL 33305				
City/State and Zip Code				
ALLSERVICESSF@GMAIL.COM				
		E-mail address: (	to be used for future annual report notific	eation)
For fu	ther information co	oncerning this matter, please co	ell:	
LOAN	IY VELASQUEZ		954 648-1097	
Name of Person		at () Area Code Daytime	Telephone Number	
Enclos	ed is a check for the	e following amount:		
<b>X</b> \$2	5.00 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

ALL SERVICES SOUTH FLORIDA		
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)	<del></del>
(*************************************		
The Articles of Organization for this Limited Liability Comp		and assigned
Florida document number <u>L 1700025687</u>	9	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
NHA		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:		
	NA	<u> </u>
(Principal office address MUST BE A STREET ADDRESS	5)	
	<del>- •</del>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		; <u>≣</u> f
		<u> </u>
B. If amending the registered agent and/or registered	d office address on our records, enter th	ne name of the nev
registered agent and/or the new registered office address		
		<b>\omega</b> \langle \sigma
Name of New Registered Agent:		<b>2</b> 9%
		120 SE
New Registered Office Address:	Enter Florida street address	- <b>一</b>
	Enter r tortaa street aaaress	
	, Florida	<del>7</del> ≥-
	City	Zip Cess Sg "

## 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>	<u>Address</u>	Type of Action
Presiden+	Loany Velasquez	820 NE 17 STREET F4-Lauch FC 3330 (08)	■ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
		· <u>·</u> ·····	Remove
			Change
			Add
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			Change
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			Change
			Remove
			☐ Change

LOANY VELASQUEZ- PRESIDE	ENT			
I need to	ensure I	am als	added	as
the authoriz	ed user o	x this,	LLC.	
		·		
			<u>.</u>	-
			<del></del>	<u>~</u>
	6/40/2040			
			(option:	aD
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Filing Fee: \$25.00