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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXMAN FIRM
Account Number : I20120000054
Phone : (954)482-9626
Fax Number : (786)425-2211

18 AUG 30 PM 2:14

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

Email Address: JOSE.LUIZ@TAXMANFIRM.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
L & L MULTI SERVICE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

AUG 31 2018

S. PRATHER

2018 AUG 30 AM 10:45

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & L MULTI SERVICE 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 04/10/2018 and assigned
Florida document number L18000090385

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:

401 BISCAYNE BOULEVARD UNIT T5861

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33132

Enter new mailing address, if applicable:

133 NE 2ND AVENUE UNIT 3215

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33132

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:

TAXMAN FIRM LLC

New Registered Office Address:

433 PLAZA REAL SUITE 275

Enter Florida street address

BOCA RATON

, Florida 33131

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.

(Signature)
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>	<u>Type of Action</u>
AMBR	ROSA BENVINDA VIEIRA C. LOPES	133 NE 2ND AVENUE, #3215	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ISADORA C. LOPES	133 NE 2ND AVENUE, #3215	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

08/29/2018

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0267 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 29th August:

2018

2018
 Signature of a member or an

Signature of a member or authorized representative of a member

VICTOR C. LOPES

Typed or printed name of signee

19-30-21