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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration Section Division of Corporation		· · · · · · · · · · · · · · · · · · ·	
SUBJECT: SER	No Cios Rename of Limit	ey na LLC, ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Silvia	BERMUDEZ	
	SENVIC;	Name of Person  O3  Peyna  Firm/Company	LC
	2516 /16		
	ORLANDO	Address FL 32835.	
	MMPAINT	City/State and Zip Code  NO 6818 (C) 5 H  o be used for future annual report notifi	
For further information cond	erning this matter, please ca	II:	
Siwia P	DEUMDES	at (407) 272 -	7943
Name of Po	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	following amount:		
\$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

SENICIOS KEX	NO LLC.	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LIBOOOO9 22</u> 03	were filed on $\frac{04}{12}$ $\frac{2018}{2018}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	•	-
Enter new principal offices address, if applicable:	2516 LIELASUS DR.	_
(Principal office address MUST BE A STREET ADDRESS)	DRLONDO, Fl 32835	_
Enter new mailing address, if applicable:	SOME P	- -
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	-
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		- <u>nev</u>
Name of New Registered Agent:	2 D	_
New Registered Office Address:		_
	Enter Florida street address	
	, Florida 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>	Name	Address	Type of Action
MGR	SILVIA BERMDEZ	2516 Lielasus Dr	<b></b> Add
		2516 Lielasus Dr Orlando, Fl 32835	Remove
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			Remove
			Change 2 Add
			DAdd TO
			□ Change
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F Effective	date, if other than	the date of fil	ling:			(optio	nal)	
(If an effectiv	re date is listed, the date the date inserted in this	must be specific	and cannot be p			i 90 days after	filing.) Pursuant to	
	s effective date on the				ory rooms requi	Terroria, ciri		
If the record	d specifies a dela	ved effectiv	e date hut	not an effe	ctive time	at 12·01 a	m on the ea	rlier c
(b) The 90	th day after the i	record is file	e date, but ed.	not an ene	ctive time,	dt 12.01 b	.m. on the co	inci c
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<b>T</b>	149 10		_, <u>~</u>	1/10				
Dated 1								
Dated <u> </u>		Signature o	E member or a	uthorized repres	rentative of a m	ember		

Page 3 of 3

Filing Fee: \$25.00