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(Requestor's Name)
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## **COVER LETTER**

	ion Section of Corporations	
	ORGA CUSTOM SERVICES I	LLC
SUBJECT:	Name of	Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.
Please return all co	orrespondence concerning this ma	atter to the following:
	EDGAR MAYORGA	
		Name of Person
	MAYORGA CUSTO	M SERVICES LLC
	<del></del>	Firm/Company
	5202 HARDEE ST	
		Address
	NAPLES, FL 34113	
		City/State and Zip Code
	REDEMPTIONAM12	ess: (to be used for future annual report notification)
		·
For further inform	ation concerning this matter, plea	ase call:
EDGAR MAYOR	.GA	239 8508822 at ()
Name of Person		Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
<b>≘</b> \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Statu	-
Divisio P.O. Bo	ation Section n of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81027 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYORGA CUSTOM SERVICES LLC					
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)				
The Articles of Organization for this Limited Liability Florida document number L18000114481	Company were filed on 05/01/2018 and assigned and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lir	mited liability company here:				
ΝΛ					
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	NA				
(Principal office address MUST BE A STREET ADL	DRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the name of the new registered				
Name of New Registered Agent: NA					
New Registered Office Address:					
New Registered Office 7 Majess.	Enter Florida street address				
	, Florida				
_	City Zip Code				
New Registered Agent's Signature, if changing Registe	ered Agent:				
and the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familia with and I agent as provided for in Chapter 605, F.S. On if this document is sered office address. I hereby confirm that the fimited ligibility, age.				
	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
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