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COVER LETTER

TO:

TO: Registration S Division of Co				
	ES 4 FLORIDA LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	TATIANE BERTON			
	ASSELFIS INTERNATIO	Name of Person DNAL LLC		
	7901 KINGSPOINTE PK	Firm/Company WY SUITE 10		
	ORLANDO, FL. 32819	Address		
	TATIANE@ASSELFIS.CO	City/State and Zip Code OM	27	,
Par Cont (C)		to be used for future annual report notif		
ror further information TATIANE BERTON	concerning this matter, please c	407 826 1034		
Name	of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for	the 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)	
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICES 4 FLORIDA LLC

New Registered Agent's Signature, if changing Registered Agent:

(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 $\frac{05/22/2018}{}$ and assigned Florida document number ____L18000127570 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: SANDRA H BAPTISTA Name of New Registered Agent: 3049 BARRYMORE CT New Registered Office Address: Enter Florida street address ORLANDO

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

Title.	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	CONTRERAS, JOSE L	8421 S ORANGE BLOSSOM TR STE 122	□ Add
		ORLANDO, FL 32809	
			■ Remove
			□ Change
MGR	GR CONTRERAS. NURY	8421 S ORANGE BLOSSOM TR STE 122	□ Add
		ORLANDO, FL 32809	
			■ Remove
			Change
			☐ Remove
			□ Change
			29 Remover
			G. D. Carrie
	-		D Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

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Filing Fee: \$25.00