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COVER LETTER

Divi	sion of Corp	oorations		
SUBJECT:		NERAL SERVICES LLC		
SOBJECT.		Name of Lim	nited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		NERIO PABON		
			Name of Person	
			Firm/Company	
		1208 COURTNEY CHAS	E CIR APT 1033	
			Address	
		ORLANDO FLORIDA	A 32837	
			City/State and Zip Code	
		INFO@EXPERTAXFINA		
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	ncerning this matter, please ca	all:	
NERIO PAB	ON		at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
≡ \$25.00 Fi	ling Fee	S30.00 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

TO:

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

PABON GENERAL SERVICE				
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)		
he Articles of Organization for this Limited I	Liability Company were filed o	n <u>06/06/2018</u>	and assig	gned
orida document number L18000140564	<u></u> .			
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name	of the limited liability compa	nv here:		
ne new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the		
nter new principal offices address, if appli	cable:		=	0 V S S
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ster new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: address MAY BE A POST OFFICE BOX)	אַטע			
	<u> </u>		25	
			A	
Enter new mailing address, if applicable:			<u>ထို</u> ယ	<u> </u>
<u> 1 ailing address MAY BE A POST OFFICE</u>	(<i>BOX</i>)			<u> </u>
. If amending the registered agent and egistered agent and/or the new registered o		s on our records, <u>ent</u>	er the name o	f the
Name of New Registered Agent:	NERIO PABON			
New Registered Office Address:	1208 COURTNEY CHASE	CIR APT 1033		
	Ente	r Florida street address		
	ORLANDO	, Florida	32837	
	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>	<u>Name</u>	Address	Type of Action
MGR	NERIO PABON	1208 COURTNEY CHASE CIR A	☐ Add
			Remove
			■ Change
			□ Remove
			☐ Change
			Add
			Remove
			Change
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ffective date, if other than th	e date of filing:	(optional)	
an effective date is listed, the date m	ist be specific and cannot be prior to date of fili	ng or more than 90 days after filing.) Pursuant to 605. ry filing requirements, this date will not be lister	.020
ocument's effective date on the		y ming requirements, this date will not be listed	· · ·
t record specifies a delaye The 90th day after the re	d effective date, but not an effec cord is filed.	tive time, at 12:01 a.m. on the earlie	er o
11 INIC 20	2010		
ated JUNE 20	. 2018		
	Nevis Pasa	/	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00