L18000172476

(Re	equestor's Name)	
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COVER LETTER

TO: Registration : Division of C			
	toration Services LLC		
SUBJECT.	Name of Lin	ited Liability Company	Address Address Sy/State and Zip Code used for future annual report nonfication) 786 2673770 at (
The enclosed Articles c	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Luis Ruiz		
		Name of Person	
	221 NE 49th ST	Firm/Company	
	Oakland Park, Florida 333		
	torres2k4@yahoo.es	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Luis Ruiz			
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	· -	Certificate of Status & Certified Copy
MAI	LING ADDRESS:	STRFFT/COURT	FR ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYS Restoration Services LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L18000172476</u>	Company were filed on July 7, 2018	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	ited liability company here:	ون
		7 .
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		(C)
Principal office address MUST BE A ST <u>REET ADDR</u>	2239	
THE GAR OTHER RULESS STONT DE A STREET ADDR	12.357	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
maing audies size big a four or received		
 If amending the registered agent and/or regis egistered agent and/or the new registered office add 	·	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	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>	<u>Address</u>	Type of Action
MGR	Latis Ruiz	221 NE 49th ST Oakland Park, FL 333334	Add
			□ Remove
			Change
MGR	Yusmaris Beltran	5079 N. DIXIE HWY #375 OAKLAND PARK, FL 33334	્રે⊒ Add
			Remove
			☐°Change
			- ☐ Add
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n effective date is I <u>te:</u> If the date in	sted, the date must be spec serted in this block doe	rific and cannot be prior t is not meet the applica	o date of filing or more than ble statutory filing requi	i 90 days after filing.) Pursuant to rements, this date will not be l	605.020 isted a
cument's effectiv	e date on the Departme	ent of State's records.			
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he 90th day	after the record is	filed.	. an enective time,	at 12:01 a.m. on the ea	mer
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		<i>"</i> "			

Page 3 of 3

Filing Fee: \$25.00