118000 202774

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FEB 0 9 2019
S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp				
C1:D 11			•		
SUBJECT:Name of Limited Liability Company					
The en	iclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please	return all correspon	HAW SERVICES, LLC. Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: MARYLUZ D. MEDINA. Name of Person CUNHAW SERVICES, LLC. Firm/Company 2109 WINYARD BLVD Address KISSIMMEE, FL 34741 City/State and Zip Code maryluzmedina05@gmail.com F-mail address: (to be used for future annual report notification) ation concerning this matter, please call: a. Same of Person Area Code Daytime Telephone Number			
		MARYLUZ D. MEDINA.			
		CUNHAW SERVICES, LL		· · · · · · · · · · · · · · · · · · ·	
			Firm/Company		
		2109 WINYARD BLVD			
			Address		
		KISSIMMEE, FL 34741			
		maryluzmedina05@gmail.co			
		E-mail address: (to	be used for future annual report notifi	cation)	
For fu	rther information co	oncerning this matter, please cal	II:		
Maryl	uz D. Medina.		at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	e following amount:			
■ \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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

Cuntary Services 1	LC	
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/23/2018	and assigned
Florida document number 118000202774		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A	_	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		19
		三 。
B. If amending the registered agent and/or registere		
registered agent and/or the new registered office address	here:	M 11: 0
		<u></u>
Name of New Registered Agent:		<u> </u>
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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Wilfredo A. Cunha	2109 Vinyard Blvd. Kissimmee, FL 34741.	□ Add
			Remove
			☐ Change
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Add
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			☐ Change

• .	
	01/29/2019
L Effe	ctive date, if other than the date of filing:
Note	1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d <u>01/30/2019</u> , ,
-,•	
	Marilul dia
	Signature of a member or authorized representative of a member
	Mayriluz Meding. Typed or printed name of signee
	Mayriluz Medina.
	Typed or printed name of signer

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Filing Fee: \$25.00