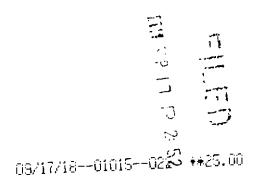
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## COVER LETTER .

Motriguez Services LLC SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Freddy A. Mota Marte Name of Person Motriguez Services LLC Firm/Company 1455 W. Landstreet RD, STE 423 Address Orlando FL. 32824 City/State and Zip Code motriguezservices77@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Freddy A. Mota Marte 624-4553 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:

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

TO:

Registration Section Division of Corporations

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Motriguez Services LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000209771	were filed on 09/04/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	\$ '7, 1963 . a m.Gr
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "ft.L.C."
Enter new principal offices address, if applicable:	1455 W. Landstreet Rd	
(Principal office address MUST BE A STREET ADDRESS)	STE 423	
	Orlando, Fl. 32824	:0
		5 2
Enter new mailing address, if applicable:	2067 W. Barlington Dr.	
(Mailing address MAY BE A POST OFFICE BOX)	Deltona, FL. 32725	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her   Name of New Registered Agent:  New Registered Office Address:		iter the name of the ne
	ing address, if applicable:  STE 423  Orlando, Fl. 32824  2067 W. Barlington Dr.  Deltona, FL. 32725  og the registered agent and/or registered office address on our records, er and/or the new registered office address here:  of New Registered Agent:  egistered Office Address:	
	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	
AR	Ruth Rodriguez	2067 W. Barlington Dr.	□ Add	
		Deltona, FL. 32725	≅ Remove	
			Change	
MGR	Freddy A. Mota Marte	1455 W. Landstreet Rd STE 423	<b>⊟ Ad</b> d	
		Orlando, FL 32824		
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-	Signature of a me	ember or authorized repre	sentative of a member		
		11111	/		

Page 3 of 3

Filing Fee: \$25.00