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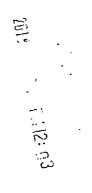
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I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: <u>Noelimar</u>		Se (vi Ce S d Liability Company	LLC	
The enclosed Articles of Amendment	and fee(s) are submi	tted for filing.		
Please return all correspondence conce	erning this matter to	the following:		
		Hallak Name of Person Multiserica Firm/Company		2
2	745 NW	79th Ave	-	
<u></u>	chomes- E-mail address: (to	City/State and Zip Code	g mc.	. Com
For further information concerning th				
Simon Hall	aK	ar(<u>786_)_5</u>	530 787	
Name of Person		Area Code	Daytime Teleph	ione Number
Enclosed is a check for the following	amount:			
	Filing Fee & ficate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Moelimar Multiservic (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>LIBOO ZZGY</u> Y3	were filed on $09/24/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company. The designation line of the above viation lines.
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address: 2742	Florida Sukar S

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:

ULI CIIIO	u irom our records.
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGK	Jose Sakal	5085 NW 7th St Apto 1608, Mian TL, 331.	Add
	Apto 1608, Mian T4, 331.	Remove	
		☐ Change	
			□ Remove
			Change
			🗅 Add
		□ Remove	
			□ Change
			Add
			□ Remove
			□ Change
	 	 	Add
		□ Remove	
			Change
<u>_</u>			Add
			🗆 Remove
			□ Change

•	
	
	
(If an e <u>Note:</u>	tive date, if other than the date of filing:
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.
Dated	109/18/2019 - When
	Signature of a member or authorized representative of a member
	Simon Hallak Sukar

Page 3 of 3

Filing Fee: \$25.00