## L1800231953

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	<del>/</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates o	of Status
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## **COVER LETTER**

то:	Registration Se Division of Cor			
414 Th 44		PLUS SERVICES LLC		
SORTI	ECT:	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JUAN CARLOS PAREDES	PEROZA	
			Name of Person	
		5014 ANCLOTE RIVER ST	Firm∕Company	
		WESLEY CHAPEL, FL 335	Address 645	<del></del>
		JUANCPAREDES@HOTMA	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For fu	ther information c	oncerning this matter, please ea	ıll:	
JUAN	CARLOS PARE	DES PEROZA	813 570-3648	
	Name o	f Person	at ()	me Telephone Number
Euclos	ed is a check for th	ne following amount:		
<b>■</b> \$2.	5.00 Filing Fee	□ \$30,00 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)
	Registr	ING ADDRESS:	STREET/COUR Registration Sect Division of Corpo	

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

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

liability Company as it now appears on our record Florida Limited Liability Company)	<u>S</u> )
fity Company were filed on 10/01/2018	and assigned
ng:	
e limited liability company here:	
s "Limited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
(IDDRESS)	· ·
	<u></u>
	*** **
	• •
<del></del>	<del>,</del>
registered office address on our records e address here:	enter the name of the
Enter Florida street addres:	<b>)</b>
, Flo	orida
	registered office address on our records address here:  Enter Florida street address., Flo

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUAN CARLOS PAREDES PEROZA	5014 ANCLOTE RIVER ST WESLEY CHAPEL, FL 33545	<b>■</b> Add
			□ Remove
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of ote: If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.020
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier o
11/05/2018	
ated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00