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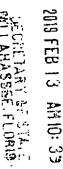
(Red	questor's Name)	
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COVER LETTER

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

	LTISERVICES LLC		# 12 PB
SUBJECT:	Name of Lim	ited Liability Company	2018 FEB
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	S86.7
Please return all correspondent	ondence concerning this matter	to the following:	0
	Hermes Pirela		
	LIAH MULTISERVICES	Name of Person LLC	
	8290 Lake Dr. Unit 217	Firm/Company	
	Miami, Fl 33166	Address	
	tiahmultiservices@gmail.co	City/State and Zip Code om	
For further information	E-mail address: (concerning this matter, please or	to be used for future annual report notif all:	ication)
Hermes Pirela		786 2385456	
Name	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 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)
	JNG ADDRESS:	STREET/COURI Registration Sectio	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TO		
ARTICLES OF O		E)
OI	1	龙
LIAH MULTISERVICES LLC	y as it now annears on our records)	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company	vere filed on 12/12/2018	and assigned
Florida document number L18000285162		₩.
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 Liability	y Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (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:		enter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	,
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and .S. Or, if this document is

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	Hermes Pirela	8290 Lake Dr. Unit 217	
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
		-, 	□ Add
	-		☐ Remove
			☐ Change
		-	
			☐ Remove
			Change
			□ ∧dd
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

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fective	date, if other than the date of filing: (optional)	034
ote: If	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	:d a
cumen	's effective date on the Department of State's records.	
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er (
	Oth day after the record is filed.	
	2/4 19	
ited	·/ ·	
	Value /	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00