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COVER LETTER

TO:

Registration Section Division of Corporations

LH MULT SUBJECT:	TSERVICES LLC			
SOBJECT:	Name of Lin	nited Liability Company		_
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LILIAM HERNANDEZ I	RIVERO		
		Name of Person		
				10 F
		Firm/Company		
	11785 GREENBRIAR CE	R		, ü
		Address		1 2
	WELLIGNTON, FL 3341	4		
		City/State and Zip Code		— jir sa
	lhimmigrationlaw@gmail.c	om to be used for future annual re	nort notification)	_
For further information c	oncerning this matter, please c		, ere notineurou,	
Liliam Hernandez Rivere	-	561 9324	046	
Name o	f Person	at () Area Code	Daytime Telephone Num	ber
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certific	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Division of The Central Divisi	ress: ion Section of Corporations re of Tallahassee Monroe Street, Suite ee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LH MULTISERVICES LLC

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our r ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa Florida document number 119000002297	iny were filed on 12/28/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street a	Allman
	rmer r wraa street a	auress
	City	_, Florida Zip Code
	City	zsp Coae

New Registered Agent's Signature, if changing Registered Agent:

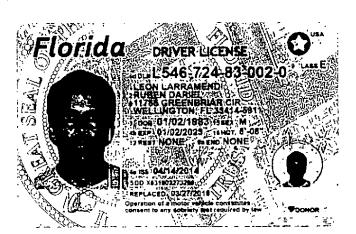
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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 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>	Address	Type of Action
MGR	RUBEN DARIEL LEON LARRAN	11786 GREENBRIAR CIR	■Add
		WELLINGTON, FL 33414	□Remove
			□Change
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fective date, if other th	an the date of fili	ng:	7	(option:	al)
an effective date is listed, the cote: If the date inserted in ocument's effective date or	this block does not	t meet the applicabl	e statutory filing re	equirements, this d	ing.) Pursuant to 605.02 ate will not be listed
record specifies a delayed of is filed.	effective date, but n	ot an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
ated		_,			
[][]					
		a member or authoriz			



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REST: None

CLASS: E - Any non-commercial veh with a GVWR < 26 first the low with the

The state of FL retains all property rights herein.



2/1923

