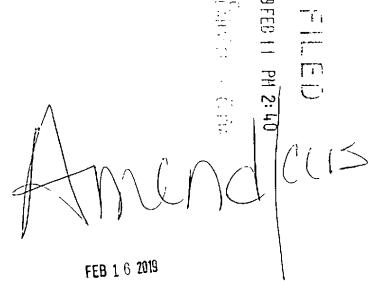
(Requestor's Nam	e)
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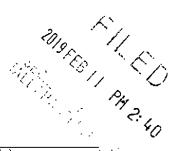
TO:	Registration Sec Division of Corp			
	A & C Serv	ices of Miami LLC		
SUBJI	ECT:	Name of Limit	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	o the following:	
		Arthur Andrade		
			Name of Person	
			Firm/Company	
		12723 sw 204th st		
		Miami, FL 33177	Address	
		a.cservicesmia@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
		oncerning this matter, please ca		
Arthu	r Andrade	f Person	305 431-6515 at () Area Code Daytime	Talashana Number
	Name o	Person	Area Code 172yuna	reteptione Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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)

MAILING ADDRESS:

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



A & C SERVICES OF MIAMI LLC

(Name of the Limited Liability (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number L19000029591	ompany were filed on 01/29/201	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		<u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Milliang dataress MAT BE A 1031 OFFICE BOX		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		records, enter the name of the i
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
N. D. Janes and Change of the color Business	City	г ар Сойе
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered agueing filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my du gent as provided for in Chapte	ties, and I am familiar with and r 605, F.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>	Address	Type of Action
MBR	Arthur A. Andrade	12723 sw 204th st Miami. FL 33177	■ ∧dd
			Remove
			Change
MBR	Carlos C. Gomara		
		11010 00 NE 117 22192	☐ Remove
		14212 sw 83 st Miami, FL 33183	☐ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			Add
			Remove
			□ Change

ective date, if other than the date of filing:						
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te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. February 6	fective date, if other than the	date of filing:		- car	(optional)	
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The 90th day after the record is filed. February 6 2019	cument's effective date on the D	epartment of State's r	ecords.			
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Typed or printed name of signee

Filing Fee: \$25.00