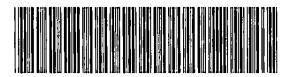
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Amend CUS

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I ALBRITTON

COVER LETTER

Division of Corpo	rations			
SUBJECT: LyD	leam Sea	ruce LLC nited Liability Company	- : '	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Luz Yane	Name of Person	100 Sa	nto
	LyDT	earn Se	rvice	LLC
	4720 5W	18th 5t		
	West Park 450lis 031 E-mail address:	/FL / 3302	3	
	150LIS D3/1 E-mail address: (to be used for future annual	report notification)	<u> </u>
For further information conc	erning this matter, please c	all:		
Luz Alvo	rado	aı (786)	560-93	524
Name of Pe	rson	Area Code	Daytime Teleph	one Number
Enclosed is a check for the f	ollowing amount:			
□ \$25.00 Filing Fee	(\$30.00 Filing Fee & Certificate 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

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

14D leam Service	e ilc
(Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number 14900050071.	were filed on OZ 2019 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C" 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)	ysolis 0314@ hotmail-com
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	· ——
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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

Type of Action Title <u>Name</u> Diono X Duque V. 4720 SW 18th St AHBR □ Add West Park- FL- 33023 ☐ Change 4720 SW 18th St. West POKXAdd Javier Solis AHBR ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove _□ Change

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it an et Note:	tive date, if other than the date of filing: 05-09-2019 (optional) Tective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
The	Page 1160 1 1 11
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00