119000052413

(Re	equestor's Name)	
, (Ad	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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U5/13/19--U1U33--U34 **25.UU

Amend

MAY 23 2019 I ALBRITTON

COVER LETTER

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Division of Co	rporationș: LTAGE SERVICES LLC		•
SUBJECT:		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	CARLOS ALBERTO JARA	AMILLO CADENA	
		Name of Person	
		Firm/Company	<u> </u>
	642 SIESTA KEY CIRCLI	EAPT 2811	
		Address	
	DEERFIELD BEACH, FL	33441	
	JULIETHTAXUS @GMAII		
	E-mail address: (t	o be used for future annual report r	iotification)
For further information	concerning this matter, please ca	II:	
CARLOS ALBERTO.	JARAMILLO CADENA	561 3869227	
Name	of Person	Area Code Day	time Telephone Number
Enclosed is a check for	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
» MAI	LING ADDRESS:	STREET/COU	JRIER ADDRESS:

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGH VOLTAGE SERVICES LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000052413</u>	rere filed on 02/22/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	3 P
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:	ice address on our records. <u>enter the name of the n</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
N D A angel S Cianatura if abanging Douistored Agent:	

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 th 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</u> <u>being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MRG	JAVIER JARAMILLO	642 SIESTA KEY CR APT 2811, DEERFIELD BEACH, FL 33441	Add
			□ Remove
			Change
			☐ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
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Note:	ive date, if other than the date of filing:
the re	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.
Datec	. 2019
	Signature of a member or authorized representative of a member
	Signature of a member of duminiment representative and a second s
	CARLOS ALBERTO JARAMILLO CADENA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00