L19000098433

(Requestor's Name)				
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(Business Entity Name)				
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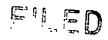
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COVER LETTER

	Registration Division of C			
SUBJEC		SERVICIOS INTEGRADOS PE	OFESIONALES LLC	
3013150	- • • 	Name of Lim	ited Liability Company	
The encl	osed Articles (of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		MARIA MARIN		
		DEMAR SERVICIOS INT	Name of Person EGRADOS PROFESIONALES L	LC
			Firm/Company	
		485 NW 98TH COURT		
		MIAMI FLORIDA 33172	Address	
		MELMAR9499@HOTMAI	City/State and Zip Code L.COM	
		E-mail address: ()	to be used for future annual report noti	fication)
For furth	er information	concerning this matter, please ea	dl:	
MARIA			786 5570727 at ()	
	Name	of Person	Area Code Daytim	c Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Gertified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis	LING ADDRESS: stration Section sion of Corporations Box 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n
	Talla	hassee, FL 32314	2661 Executive Ce	enter Circle

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 APR 29 AM 9: 20

DEMAR SERVICIOS INTEGRADOS PROFESIONALES LLC

(Name of the Limited Liability Company as it now appears on our records.) .. L (A38EF) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on APRIL 09 2019 and assigned Florida document number L 9000098433 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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 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 Changing Registered Agent, Signature of New Registered Agent

or removed	from our records:	to manage enter the title, name, and address			
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	<u>Address</u>	Type of Action		
AMBR	MARIA MARIN	485 NW 98TH COURT MIAMI FLORIDA 33172	■ Add		
			☐ Remove		
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· If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an cf Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	APRIL 25 2019
	Signature of a member or authorized representative of a member
	MARIA MARIN

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Filing Fee: \$25.00