# L19000/02026

| (Requestor's Name)                      |
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| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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### **COVER LETTER**

#### 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 & TB Argenal   | Service LLC   |
|--|---|
| (Name of the Limited Liability Co<br>(A Florida Lim  | ompany as it now appears on our records.) nited Liability Company)        |
| Florida document number <u>L19000102024</u>  |   |
| (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on April 12-2019 and assigned florida document number April 1900102020  This amendment is submitted to amend the following:  The new 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 "L.L.C." or the abbreviation "L.L.C."  The new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable: |   |
| The new name must be distinguishable and contain the words "Limited I  | Liability 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 ADDRES:   | <u>sp</u>   |
| Enter new mailing address, if applicables  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   | <u> </u>  |
|  |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | Enter Florida street address  |
|  | , Florida   |
|  | City Zıp Code   |
| New Registered Agent's Signature, if changing Registered Ag  | gent:   |

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

| 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 = Ma<br>AMBR = Au   | nager<br>thorized Member              |   |                |  |
| <u>Title</u>  | Name                                  | Address   | Type of Action |  |
| AMBR  | Armando J. Argenal                    | 318 1/2 W. Colonial Dr.<br>Apt 17, Orlando, Fl. 308 | 🗆 Add          |  |
|   | J M -                                 | Apt 17, Urlando, Fl. 308                            | Remove         |  |
|   |                                       |   | Change         |  |
| MGR   | Jokayra Numer<br>Ambl<br>Change title | AND PARK  | ′ \            |  |
|   | AMBR                                  | 318 12 W. Colonial Dr. Apt 11, Orlands, F1.3280     | □ Rеточе       |  |
| (   | Change + Ct                           | Apt 11, Orlando, F1.3280                            | Change         |  |
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|   | •                                     |   | Change         |  |
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| =               | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| an cff<br>lote: | ive date, if other than the date of filing: (optional) ective 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| e rec<br>The    | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on 90th day after the record is filed.  |
| ated            | June 11, 20,9  |
|                 | Signature of a member or authorized representative of a member   |
|                 |  |
|                 | Okayra Vlunez Typed or printed name of signee  |

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Filing Fee: \$25.00