119000 143 492

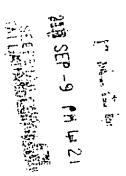
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100333500821

09/09/19--01024--016 **30.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALMAND'S SERVICES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	<u>يا - د</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	7:
Please return all correspondence concerning this matter to the following:	ے
Vonessa Plata Name of Person	<i></i>
ARMAND'S SERVICES Firm/Company	
7627 Sathern brook And Apt 103	
Tompa, FL 33635 City/State and Zip Code	
APMANDSSERVICES COMAIL COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (954) 397 - 6100 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{S30.00 Filing Fee & Certificate of Status}\$ \$55.00 Filing Fee & Certificate of Status \$\text{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

ARMAND'S	SERVICES LLC
(<u>Name of the Limited Liab</u> (A Flori	da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1900 14349	Company were filed on 100 29, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> dress 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

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
AR	Luis A Berard	7627 Southern beack bird	Add
		APT 103 Tampa . FL 33635	Remove
			Change
MGR	Luis A. Berard	7627 Southern brook bnd	Add
		APT 103, Tampa, FL 33635	D Remove
			Change
AR	Vanosa A Plata	7627 Southern brook bind	🗆 Add
		APT 103, Tampa, FL 33635	Remove
			Change
MGR	Vanessa A. Plata	7627 Southern brook br	_d_Add
		APT 103, Tampa, FL 336	35□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change

			 		
				· · · · · · · · · · · · · · · · · · ·	·
					
				<u> </u>	
·				"	
		<u> </u>			
active data if othe	er than the date of fili	no.		(optional)	
n effective date is listed. te: If the date insert	l, the date must be specific at	nd cannot be prior to d meet the applicable	ate of filing or more than	190 days after filing.) Pursuan rements, this date will not	t to 605.0207 be listed as
record specifies he 90th day afte	a delayed effective er the record is filed	date, but not a	n effective time,	at 12:01 a.m. on the	earlier o
ed <u>Sexterr</u>	iter 3	. 2019			
	6	· //			
	Signature of	member or authorize	ed representative of a m	ember	

Page 3 of 3

Filing Fee: \$25.00