L19000/43608

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Sect Division of Corpo			
0.15		O SERVICES LLC.		
SUBJE	:CI:	Name of Limi	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspond	lence concerning this matter t	to the following:	
		ALEJANDRO MONTALVO		
		M MONTALVO SERVICES	Name of Person LLC.	
		1782 ALISON DR	Firm/Company	
		WEST PALM BEACH FL. 3	Address 3409	
		MMONTALVOSERVICES@	City/State and Zip Code GMAILCOM	
		E-mail address: (t	o be used for future annual report notific	cation)
For fur	ther information cor	cerning this matter, please ca	ill:	
YUNI	ETH ESCALANTE		561 657-7520 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fcc, 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

М	MON	TALVO	SERVI	CES LLC	:

(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 ______ and assigned Florida document number L19000143608 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: 5 (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: MANUEL ANGELES Name of New Registered Agent: 1782 ALISON DR. New Registered Office Address: Enter Florida street address Florida 33409 WEST PALM BEACH

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.

City

f 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>	<u>Address</u>	Type of Action
	MANUEL ANGELES	1782 ALISON DR. WEST PALM	
Р		BEACH FL. 33409	
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			Remove
			5 c
	ALE IANDRO MONTALLIO	4700 4110011 00 11707 04144	Change
VP	ALEJANDRO MONTALVO	1782 ALISON DR. WEST PALM BEACH FL. 33409	
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7	To -
	<u> </u>
ffective date, if other than the date of filing:	(optional)
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of file Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	(optional).
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
JUNE 19 2019	
	•
Signature of a member or authorized repress	2

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Filing Fee: \$25.00