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COVER LETTER

	Registration Sec Division of Corp		·			
CUD IF A		LOORING SERVICES LLC				
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspoi	ndence concerning this matter	to the following:			
		CARLOS ESPINOZA				
			Name of Person			
			Firm/Company			
		120 BROADWAY, STE. 3	305			
			Address			
		KISSIMMEE, FL 34741				
			City/State and Zip Code			
		ESPINOZACLE0898@GM				
		E-mail address: (to be used for future annual report notifi	ication)		
For furthe	r information co	ncerning this matter, please ca	ail:			
CARLOS	S ESPINOZA		321 830-5751			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed i	is a check for the	e following amount:				
量 \$25.0	0 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)		

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number 19000110 1140 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 "L.L.C." 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 City

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>	<u>Address</u>	Type of Action
MGR	CARLOS ESPINOZA	5525 CONRO RD APT 2	
		ORLANDO, FL 32811	≅Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

11 2111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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(If an et Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Signature of a member of authorized representative of a member
	Con Grazoinon.
	Signature of a member of authorized representative of a member
	Carlos Espinoza Typed or printed name of signee

Filing Fee: \$25.00