L19000166960

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

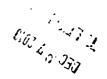
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COVER LETTER

то:	Registration Se Division of Cor			
	O'T'	TISERVICES LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		LUIS G. GALLARDO		
			Name of Person	
		LAC MULTISERVICES I	LLC	
			Firm/Company	
		7771 NW 111st CT		
			Address	
		MIAMI, FLORIDA 33178		
		elpocho19@gmail.com	City/State and Zip Code	
For furtl	her information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifiall:	cation)
LUIS G	. GALLARDO		786 241-1467	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	he following amount:		
■ \$25	.00 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:

TO:

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

LAC MULTISSERVICES 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 Con	mpany were filed on _	06/25/2019 NOV 12 and as Shed
Florida document number <u>L19000166960</u>		SECRETARY DE STATE TALLAHASSEE, FLORIDAT
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company b	<u>here</u> :
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		on our records, enter the name of the new
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:	_,	
New Registered Office Address:	p	lorida street address
	Enter r I	orida street address
	City	, Florida Zip Code

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
AMBR	LUIS GALLARDO BOSCAN	7771 NW 111stCT.MIAMI, FL 33178	Add
			Remove
			Change
		·	_ □ Add
			Remove
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ffective date. if	fother than the	date of filing	10/29/201	9		_ (optional)	
an effective date is	listed, the date must inserted in this blo	be specific and	cannot be prior	to date of filing (or more than 90 o	lays after filing.)	Pursuant to 605.020 vill not be listed as
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00