L19000177198

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	ouse Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Freddy Lucena		
		Name of Person	
	Malvern House Services, l	LLC	
		Firm/Company	
	1630 NW 128th Drive Ap	t 309	
	·	Address	
	Sunrise, Fl 33323		
		City/State and Zip Code	
	celsoic@aol.com		
		to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
Freddy Lucena		754 2074191 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Registration S		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 632	· · ·	The Centre of	
Tallahassee, 1	L フ グ ブ 1 イ	Z415 IN. IMONIC	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Malvern House Services, 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 $\frac{07/09/2019}{}$ and assigned Florida document number _____L19000177198 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MALVERN HOUSE PAINTING, LLC 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: (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

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

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
			□Add
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			☐ Change
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Effective date, if other than the date of filing:	(antinual)	
If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory is document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be list	5.020 ed a
e record specifies a delayed effective date, but not an effective time, at 12:01 a.rd is filed.	.m. on the earlier of: (b) The 90th day afte	r th
Dated DECENSOR 17 2020		
Signature of a member or authorized representa		
	stires of a second base	