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# **COVER LETTER**

	egistration Se ivision of Cor	ection rporations >	•	•	
CHD IEZT		TCES OF FLORIDA LLC		· 16 \$	
SUBJECT	·	Name of Lir	nited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		ELSI TORREALBA			
		<del></del>	Name of Person		
		NELPI SERVICES INC			
Firm/Company 2393 S CONGRESS AVE STE 223					
	Firm/Company				
		-			
		WEST PALM BEACH FI	. 33406		
		ELSI@NELPISERVICES.	City/State and Zip Code NET		
		E-mail address: (	to be used for future annual report noti-	fication)	
For further	information co	oncerning this matter, please c	all:		
ELSI TORI			561 6323042 at ( )		
	Name of	f Person		e Telephone Number	2 - 3
Enclosed is	a check for th	e following amount:			-7
\$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)	0 1 6 Hz

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

#### LPP SERVICES OF FLORIDA 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 Florida document number <u>L19000177512</u>	npany were filed on $\frac{07/10/20}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here;	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres  Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:		
	t and/or registered office address on our records, enter the name of ered office address here:    Enter Florida street address	et address
		, Florida
New Registered Agent's Signature, if changing Registered A	•	Zip Code
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agen	d agree to act in this capac aplete performance of my di nt as provided for in Chapto	ties, and I am familiar with and er 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	JHOSSEFN A. LUJANO-GARCIA	1200 RIO VISTA BLVD 106	5
		DATA DE ACULCA DINENE. EL	Add
		PALM BEACH GARDENS, FL- 33410	☐ Remove
			☐ Change
		··	☐ Remove
			Change
			Add
			□ Remove
			Change
			O Add
			Remove
			□ Change
<del></del>			
			Remove
			Change
			□ Remove
			Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
If the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	CTOBER 13. 2019
	Ale Lijano
	Signature of a member or authorized representative of a member
	Ali Lujano
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

### **COVER LETTER**

TO				
en		CES OF FLORIDA LLC		
50	ВЈЕСТ:	Name of Lim	ited Liability Company	
The	e enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ase return all correspo	ndence concerning this matter	to the following:	
		Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  rn all correspondence concerning this matter to the following:  ELSI TORREALBA  Name of Person  NELPI SERVICES INC  Firm/Company  2393 S CONGRESS AVE STE 223  Address  WEST PALM BEACH FL 33406  City/State and Zip Code  ELSI@NELPISERVICES.NET  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  REALBA  Solid 6323042  Name of Person		
			Name of Person	<u>.                                    </u>
		NELPI SERVICES INC		
			Firm/Company	
		2393 S CONGRESS AVE	• •	
		· · · · · · · · · · · · · · · · · · ·	Address	
		WEST PALM BEACH FL	33406	
		ELSI@NELPISERVICES.N		<del></del>
		E-mail address: (t	to be used for future annual report notific	ation)
For	further information co	oncerning this matter, please ca	all:	
EL:	SITORREALBA			
	Name of	PERVICES OF FLORIDA LLC  Name of Limited Liability Company  riticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  ELSI TORREALBA  Name of Person  NELPI SERVICES INC  Firm/Company  2393 S CONGRESS AVE STE 223  Address  WEST PALM BEACH FL 33406  City/State and Zip Code  ELSI@NELPISERVICES.NET  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  LBA  Name of Person  Area Code  Daytime Telephone Number  eck for the following amount:  g Fee S 30,00 Filing Fee & Certified Copy  (additional copy is enclosed)  Certificate of Status & Certificat Copy  (additional copy is enclosed)		
Enc	losed is a check for th	e following amount:		
	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

LPP SERVICES OF FLORIDA 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 07/10/2019 and assigned

Florida document number 119000177512

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:

(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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

· 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
MGR	JHOSSEFN A. LUJANO-GARCIA	1200 RIO VISTA BLVD 106	
		DALAS DE SCH CADINENE EL	Add
		PALM BEACH GARDENS, FL 33410	☐ Remove
		<del></del>	Change
	<del></del>		
			□ Remove
		<del>-</del>	Change
			Add
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Effect	10/13/2019 we date, if other than the date of filing:(optional)	
(If an eff Note:	ve date, if other than the date of filing:	.0207 ed as
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earliegoth day after the record is filed.	er of
Dated	OCTOBER 13. 2019	
	Ai Lijano Signature of a member or authorized representative of a member	
	Ali Lusano  Typed or printed page of single	

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Filing Fee: \$25.00