

L19000179202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

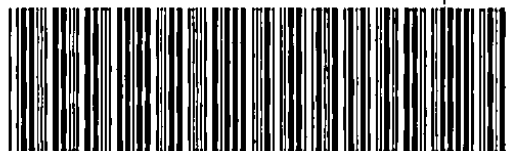
(Business Entity Name)

(Document Number)

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2019 SEP 23 PM 5:31

C. GOLDEN

OCT - 3 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARDENT MANAGEMENT SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ODALY FUENTES

Name of Person

ARDENT MANAGEMENT SERVICES

Firm/Company

18400 NW 62 AVENUE #403

Address

HIALEAH FL 33015

City/State and Zip Code

ARDENTMSFL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ODALY FUENTES

786

357-2563

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

2019 SEP 21

ARDENT MANAGEMENT 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 07/11/2019 and as
Florida document number L19000179202.

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."

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 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

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	ANISA KUMAR	9630 NW 2ND ST APT 6206 PEMBROKE PINES FL 33024	<input type="checkbox"/> A <input checked="" type="checkbox"/> R <input type="checkbox"/> Ch
MGR	ODALY FUENTES	18400 NW 62 AVENUE #403 HIALEAH FL 33015	<input checked="" type="checkbox"/> Ad <input type="checkbox"/> Rer <input type="checkbox"/> Cha <input type="checkbox"/> Add <input type="checkbox"/> Remc <input type="checkbox"/> Chang <input type="checkbox"/> Add <input type="checkbox"/> Remov <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 25TH 2019

ODALY FUENTES

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Filing Fee: \$25.00