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## **COVER LETTER**

| T  | O: Registration Sec<br>Division of Corp |  |   |   |  |  |  |
|--|---|--|---|---|--|--|--|
|  |   | SERVICIOS LLC                                |   |   |  |  |  |
| SUBJECT: Name of Limited Liability Company |   |  |   |   |  |  |  |
| Th   | ne enclosed Articles of A               | Amendment and fee(s) are sub                 | mitted for filing.  |   |  |  |  |
| Pl   | ease return all correspon               | ndence concerning this matter                | to the following:   |   |  |  |  |
|  |   | MYRIAM VANEGAS                               |   |   |  |  |  |
|  |   | 3A MULTI SERVICIOS LLO                       | Name of Person  |   |  |  |  |
|  |   | 3107 NW 21 CT                                | Firm/Company  |   |  |  |  |
|  |   | MIAMI, FL 33142                              | Address   |   |  |  |  |
|  |   | MYRVAN08@YAHOO.COM                           | City/State and Zip Code   |   |  |  |  |
|  |   | E-mail address: (                            | to be used for future annual report notif                                 | ication)  |  |  |  |
| Fo   | or further information co               | oncerning this matter, please ca             | all;  |   |  |  |  |
| М  | YRIAM VANEGAS                           |  | 305 297-7397  |   |  |  |  |
|  | Name of                                 | Person                                       |   | Telephone Number  |  |  |  |
| En   | nclosed is a check for th               | e following amount:                          |   |   |  |  |  |
|  | \$25.00 Fiting Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| 3A MULTI SERVICIOS LLC  |   |                          |
|---|---|--------------------------|
| (Name of the Limited Liability<br>(A Florida I  | Company as it now appears on our records.) .imited Liability Company) |                          |
| The Articles of Organization for this Limited Liability Co<br>Florida document number L19000222112              | mpany were filed on   | and assigned             |
| This amendment is submitted to amend the following:   |   |                          |
| A. If amending name, enter the new name of the limit  | ed liability company here:  |                          |
| The new name must be distinguishable and contain the words "Limite  | ed Liability Company," the designation "LLC" or the                   | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                          |
| (Principal office address MUST BE A STREET ADDRE  | <u> </u>  |                          |
| ·   |   | 2018                     |
| Enter new mailing address, if applicable:   |   | SEP 19                   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | <del></del>              |
|   |   | 3                        |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addresses. |   | ter the name of the nev  |
| Name of New Registered Agent:   |   |                          |
| New Registered Office Address:  | Enter Florida street address  |                          |
|   | . Florida   |                          |
| <del></del>   | City 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                 | <u>Address</u>                    | Type of Action |
|--------------|-----------------------------|-----------------------------------|----------------|
| MGR          | ALARCON A PRIMERA           | 9963 W RD LN<br>HIALEAH, FL 33018 |                |
|              |                             |                                   | ■ Remove       |
|              |                             |                                   | ☐ Change       |
| MGR          | ALEXANDER A PRIMERA ALARCON | 9963 W RD LN<br>HIALEAH, FL 33018 | <b>∃</b> Add   |
|              |                             |                                   | ☐ Remove       |
|              |                             |                                   | ☐ Change       |
| MGR          | MYRIAM VANEGAS              | 3107 NW 21 CT<br>MIAMI, FL 33142  | Add            |
|              | •                           |                                   | ■ Remove       |
|              |                             | <del></del>                       | Change         |
|              |                             |                                   |                |
|              |                             |                                   | Remove         |
|              |                             |                                   | Change         |
|              |                             |                                   | ☐ Add          |
|              |                             |                                   | □ Remove       |
|              |                             |                                   | Change         |
|              |                             |                                   |                |
|              |                             |                                   | Remove         |
|              |                             |                                   | Change         |

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|   | <u> </u>                                       |                                | <u>-</u>  | -           |
|   | <u>,                                     </u>  |                                |   | _           |
|   | ···  |                                |   |             |
| Effective date, if other than the da  | ate of filing: be specific and cannot be prior | to date of filing or more than | (optional) 90 days after filing.) Pursuant to ( | 505,0207    |
| Note: If the date inserted in this block document's effective date on the Department. |  |                                | rements, this date will not be h                | isted as    |
| he record specifies a delayed e<br>The 90th day after the recor                       |  | ot an effective time,          | at 12:01 a.m. on the ear                        | rlier of    |
| SEPTEMBER 13 Dated  | 2019   | A)                             |   |             |
|   |  | orized representative of a mi  |   |             |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00