Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000192346 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : V & A BUSINESS SOLUTION INC

Account Number : I28160000021 Phone : (954)865-6607 Fax Number : (954)933-2634

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALONSO PMR SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

10:	-	ion of Carp		₩.	
SUBJEC			MR SERVICES LLC		
SUBJEC	C1; _		Name of Limi	ted Liability Company	<del> </del>
The encl	los <b>e</b> d a	Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please re	eturn a	ill correspon	dence concerning this matter	to the following:	
	GONZALEZ RIVEROL IVIS M				
				Name of Person	
			MGR		
				Firm/Company	
			5090 BUCHANAN RD		
	Address				
			DELRAY BEACH, FL 33	City/State and Zip Code	
			melany1968@gmail.com	City/Make and 21p Code	
			E-mail address: (	to be used for future annual report notificat	ion)
For furt	her int	formation co	neerning this matter, please or	all:	
IVIS M	GON	ZALEZ RI	VEROL	786 624-1176 at ()	
		Name of	Person	Area Code Daytime Te	lephone Number
Enclose	ed is a	check for th	e following amount:		
■ \$25	5.00 Fi	ling Fce	☐ \$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)
	Reg Div P.O	ing Addressistration Sision of C Box 632 ahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporation The Centre of Talle 2415 N. Monroe Section Tallahassee, FL 32	rations ahassee treet, Suite 810

p.3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALONSO PMR SERVICES LLC					
(Name of the Limit	ed Liahility Compa (A Florida Limited I	ny as it now appears on our Liability Company)	r records.)		
The Articles of Organization for this Limited Li Florida document number L19000257076	ability Company	were filed on 10/11/201	9	and as	signed
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	-	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abt	breviation "L	.L.C."
Enter new principal offices address, if applic	able:	5090 BUCHANAN RI	)		
(Principal office address MUST BE A STREET ADDRESS)		DELRAY BEACH FL 33484			
Enter new mailing address, if applicable:	pasa.	5090 BUCHANAN RI	D		
(Mailing address MAY BE A POST OFFICE BOX)		DELRAY BEACH FL 33484			
B. If amending the registered agent and/or ragent and/or the new registered office addre	ss here:	address on our records	s, enter the nam	e of the ne	w registered
	5090 BUCHA	NAN RD	. ,	2	문관점
New Registered Office Address:		Enter Florida stre	rei address	- 7	
	DELRAY BEA	ACH	Florida 33/	. II 484 co	
		City	<del></del>	Zip Code	
Maria Distriction of America Characters of Abanalas	Danistavasi Agant			, 🔾	

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 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
AMBR	ALONSO, OSMANY	5090 BUCHANAN RD	P DAdd
		DELRAY BEACH FL 33484	■Remove
			□Change
MBR	FARDALES, ALLEN	5090 BUCHANAN RD	∄Add
	DELRA	DELRAY BEACH FL 33484	□Remove
			□Change
			□Add
			□Remove
			□Change
			⊡Add
			[ Remove
			□Change
			C Add
			□Remove
			□Change
			□Aćd
			□Remove
			Change

•	
-	
-	
-	
-	
•	
-	
•	
•	
•	
fan e! Note:	ve date, if other than the date of filing:
e reco rd is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	JUNE 01 2022
Datad	·
Dated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00