## L19000278644

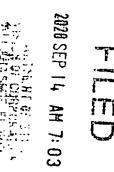
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OCT 22 2020 S. YOUNG

## **COVER LETTER**

	Registration Se Division of Cor					
211D 1127		LTI SERVICES LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	indence concerning this matter	to the following:			
		ABDUL ALAIDAY				
			Name of Person			
		Firm/Company				
		3301 SPANISH MOSS TER				
		Address				
		LAUDERHILL/FL/33319				
		City/State and Zip Code ALAIDAYA@YAHOO.COM				
		E-mail address: (	to be used for future annual report notif	ication)		
For furth	er information c	oncerning this matter, please co	all;			
ABDUL	ALAIDAY		786 2966650			
	Name o	f Person	at ()	Telephone Number		
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	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

REEM MULTI SERVICES LLC		29,
(Name of the Limited Liab (A Flori	ility Company as it now appears on our r da Limited Liability Company)	records.) SEP
The Articles of Organization for this Limited Liability	Company were filed on $\frac{11/07/2019}{}$	
Florida document number L19000278644	·	震量
This amendment is submitted to amend the following:		7:03
A. If amending name, enter the new name of the lin	mited liability company here:	, ω
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADL	DRESS)	"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		cords, enter the name of the ney
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uldress
		Florida
<del></del>	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ABDUL ALAIDAY	3301 SPANISH MOSS TERRACE 705	
			□ Remove
			🗏 Change
AMBR	JOHNI JABREYA 3670 INVERRARY DR APT 3H		Add
			Remove
			Change
			Add
		<del>-</del>	□ Remove
			☐ (Thange
			Add
			□ Remove
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	ve date, if other than the date of filing:
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ume	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
ne	90th day after the record is filed.
	0-2+20
ed_	9-8-20

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00