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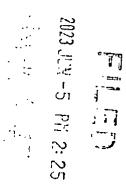
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Y. SCOTT JUL 2 9 2023

COVER LETTER

	Registration Sec Division of Corp						
CLIB IEC	FULL SERVICE IN RADZIWIŁUK NERGUIZIAN LLC						
SUBJEC	1:	Name of Limited Liability Company					
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspon	ndence concerning this matter	to the following:				
		LEGNIS YADEICY BAS	TIDAS CUENCA				
			Name of Person				
			Firm/Company	2			
		13361 N 56TH ST		023 J			
			Address				
		TAMPA, FL 33617		,			
		lyadebc@gmail.com	City/State and Zip Code	1023 JUN -5 PN 2: 2			
For furthe	er information co	E-mail address: (oncerning this matter, please of	to be used for future annual report notification)				
		STIDAS CUENCA	813 2780366 at ()				
	Name of	Person	Area Code Daytime Telephon	e Number			
Enclosed	is a check for th	e following amount:					
■ \$ 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Ī	Mailing Address Registration S	Section	Street Address: Registration Section				
	Division of Co P.O. Box 632	•	Division of Corporation The Centre of Tallahass				
	Fallahassee, F	FL 32314	2415 N. Monroe Street,				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULL SERVICE IN RADZIWILUK NERGUIZIAN 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 $\frac{11/15/2019}{1}$ and assigned Florida document number ______L19000285241 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FULL SERVICE RM LLC 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) 3 8 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 Office Address: Enter Florida street address City 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
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Filing Fee: \$25.00