## L19000 293095

(5
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity States Eight Horie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u>.                                      </u>

Office Use Only



000338137420

12/28/19--01088--005 ++55.00

19 DEC 23 AH 9: 27

ChichAlR

## **COVER LETTER**

	C	OVER LETTER	
TO: Registration Sec Division of Corp			1000 Marie
	ble Pool Services		
SUBJECT:	Name of Limite	ed Liability Company	100CS My O. S. My O.
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Alicia Gomez		
	<del></del>		
	New Rochelle, NY 10801		
		City/State and Zip Code	
	info@myusacorporation.com		
	E-mail address: (to	be used for future annual report noti	fication)
For further information co	oncerning this matter, please cal	I:	
Alicia Gomez		877 330-2677	
Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 ac 23 My 9. 27

Most Valuable Pool Services		ۜۼ
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 11/27/2019	and assigned
Florida document number 1.19000293095	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
MOST VALUABLE PROPERTY SERVICES, ELC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>enter th</u> e	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Floric	da

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Samuel Kurtis Strange	15600 DUFFERIN ST.	
		KING CITY, ON L7B1K-5 CA	□Remove
			■ Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
		7.0.4	□Remove
		<del></del>	Change
			□Remove
			□ Change
<del></del> -			DAdd
		<del></del>	□Remove
			□Change

	KURTIS STRANGE	ignature of a mer	тост от апиот	izeu tepresenta	uve or a membe	ī	
	Kurtis	ntray	whor or anth s	ing de programme	tion of a march		
Dated	December 16th	<del></del> · -	2019	<b>-</b> ·			
ne recor ord is fi	rd specifies a delayed effective iled.	date, but not an	effective tim	ie, at 12:01 a.	m, on the earli	er of: (b) The	: 90th day after t
If an ef Note:	tive date, if other than the diffective date is listed, the date must leaf the date inserted in this blochent's effective date on the Dep	e specific and ca k does not mee	nnot be prior to t the applicat	o date of filing only to	or more than 90 diling requirem	_ (optional) lays after filing.) ents, this date	Pursuant to 605.0, will not be listed
-							
			<u> </u>	<del></del>	<del></del>		<del>_</del>
				-			<del></del>
		<del></del>	•				<del></del>
			, , , , , , , , , , , , , , , , , , ,		<u>.                                      </u>		
							_
					<del></del>	<u>.</u> .	
					<del></del>		

Filing Fee: \$25.00