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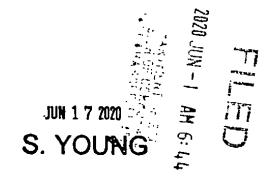
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: AK	Romero S Name of Limit	ervices,	LLC	
The enclosed Articles of An Please return all corresponde		•		
rease return an correspond	the concerning this matter	to the following.		
	Arne	Name of Person)	
		Firm/Company		
	19261 NW	47 C+		
	Miamigard	City/State and Zip Code	33055	*****
-	Arney 29 C	DHOHOWII. to be used for future annual r	COM report notification)	
For further information cond	erning this matter, please ca	all:		
Krizia C Name of Po	respo	at (<u>205</u>) Area Code	OST TS	830 ne Number
Enclosed is a check for the t	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Divisior The Cer	Idress: ition Section i of Corporatio itre of Tallahas Monroe Street	see

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $\Delta \nu \alpha$

HR KOMEYO SEIV	ices, LL		<u>~1</u>
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)	100
(11.17.11.17.11.17.11.17.11.17.11.17.11.17.11.17.11.17.11.17.17	and company	• 4	<u> </u>
The Articles of Organization for this Limited Liability Company v	were filed on <u>ADCI</u>	129,7020	nd assigned
Florida document number <u>L 20000115716</u>	•		
1 Wilde dizement mander			-
This amendment is submitted to amend the following:		(1.50 m) 10 m m	٠ ص · · · · · · · · · · · · · · · · · ·
	P. 1	مر - ده م ده م م ده	- - -
A. If amending name, enter the new name of the limited liabil	nty company here:	•	*
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	ion "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
(Francipal office dadress Prost BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
- 1000			
B. If amending the registered agent and/or registered office a	ddress on our records	s, enter the name of t	he new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	 · ·		
	Enter Florida stre	et address	
		, Florida	
	City		o 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 a 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kiizia Crespo	19261 NW 47 Ct	□Add
		miami garden, FL 33055	KRemove
			□Change
AR	Krizia Crespo	19201 NW 47 Ct	XAdd
		miami gardens, Fl 33055	□Remove
			□Change
MgR	Arney Romero	19201 NW 47 C+	X iAdd
Ü	_	miami gardens, FL 32055	□Remove
			□Change
A.R.	Arney lomero	19201 NW 47 C+	□Add
		miami garden, Fl 33055	∑Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			Change

•	
	<u> </u>
If an effective Note: If the	ate, if other than the date of filing:
e record spec ed is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1ay 27, 2020.
_	Signature of a member or authorized representative of a member
	1/ 1 = 1 = 0 (00 = 0
_	Typed or printed name of signee

Filing Fee: \$25.00