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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor		,			
0111 3 1127		'ML SERVICE LLC				
SUBJEC	.1:	Name of Lin	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		MILTON L SANCHEZ				
			Name of Person			
		SANCHEZ ML SERVICE	ELLC			
			Firm/Company			
		5551 HANCOCK RD				
			Address	-		
		SOUTHWEST RANCHE	ES, FL 33330			
			City/State and Zip Code	-		
		17 mail addenses 7	to be used for future annual report notifier		ZOZO JUN SECNET	
For furthe	er information c	concerning this matter, please of	·	usvery	100 C	;::-
MILTON	N L SANCHEZ		954 544-9643			777
	Name o	d Person	at ()	elephone Number	102.75 102.75	,, \
Enclosed	is a check for the	he following amount:				
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corpo The Centre of Tal	rations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANCHEZ ML SERVICE LLC

(Name of the Limited	I Liability Com A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L20000115762</u>			and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	the limited lia	ability company here:	
N/A			
The new name must be distinguishable and contain the wor	rds "Limited Lia	bility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	N/A	
Principal office address MUST BE A STREET	<u>(ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE B	<u>0X)</u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		e address on our records, enter the n	
Name of New Registered Agent:	N/A		24
New Registered Office Address:		Enter Florida street address	
		, Florida	
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	MILTON L SANCHEZ	N/A	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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Filing Fee: \$25.00