L20000124039

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Division of Cor		, •	•
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()		nited Liability Company	
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	Amendment and fee(s) are sub	_	_
Please return all correspo	ondence concerning this matter	to the following:	19
	IVELISSE T MARTINEZ		P.1
		Name of Person	
	ITMS FLORIDA SERVIC	CES LLC	
		Firm/Company	
	14900 SW 30TH ST, UNI	T 279241	
		Address	
	MIRAMAR, FL 33027		
		City/State and Zip Code	
	info@itmsfloridaservices.co	om to be used for future annual report noti	(contion)
For further information of	oncerning this matter, please c		manon)
IVELISSE T MARTINE		305 206-9714 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations

P.O. Box 6327

Tallahassee, FL 32314

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

202

ARTICLES OF C	JRGANIZATION	_
O)F	SEP :
		<u> </u>
ITMS FLORIDA SERVICES LLC		<u> </u>
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 5/11/2020	and assigned
Florida document number L20000124039		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name most be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7672 NW 5TH ST	
(Principal office address MUST BE A STREET ADDRESS)	APT IB	
,	PLANTATION, FL 33324	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If any adjugate anxional approximation of the control of the co		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
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 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
MGR	PAOLA K VERA MARTINEZ	7672 NW 5TH ST	≡ Add
		APT 1B	□Remove
		PLANTATION FL	□Change
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Filing Fee: \$25.00