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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056 Phone

: (954)842-2931

Fax Number

: (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema1l	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 24/7 SERVICE PRO'S LLC

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COVER LETTER

	tion Section of Corporations	
SUB J ECT: 24/7	SERVICE PRO'S LLC	٠.
3083ECT	Name of Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	PAVEL MOLCEAN	
	Name of Person	
	24/7 SERVICE PRO'S LLC	
	Firm/Company	<u> </u>
	3801 SW 47th AVE 505	
	Address	
	Davie, FL 33314	
	City/State and Zip Cod	e
	INFO@247SERVICE-PROS.COM	
For further informs	E-mail address: (to be used for future annuation concerning this matter, please call:	al report notification)
PAVEL MOLCEA	at ()	508-2044
N	lame of Person Area Code	Daytime Telephone Number
Enclosed is a check	for the following amount:	
■ \$25.00 Filing F	Tee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee Certificate of Status	Certificate of Status &
Division P.O. Box	ion Section Registr of Corporations Division 6327 The Cesee, FL 32314 2415 N	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24/7 SERVICE PRO'S LLC			
(Name of the Lir	nited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on C	6/01/2020	and assigned
Florida document number L20000148489	· · · · · · · · · · · · · · · · · · ·		_
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company l	nere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appl	icable:		·
(Principal office address MUST BE A STRE	ET ADDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			
Manual BEATOS VETICE	<u></u>	<u></u> .	
			
B. If amending the registered agent and/or	registered office address on our	records, enter the name of	the new registe
gent and/or the new registered office addr	ess here:		<u>-</u>
Name of New Registered Agent:	MOLCEAN, PAVEL		<i>~</i> 3
New Registered Office Address:	3801 SW 47th AVE 505		123
	Enter Flo	rida street address	
·	Davie	, Florida ³³³¹⁴	Oi i
	City	Zi	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 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.

Pavel Molcean.

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>}</u>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MOLCEAN, PAVEL	3801 SW 47th AVE 505	■Add
	·	Davie, FL 33314	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
 2			☐ Change
			□Add
			□Remove
			Change
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			□Remove

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ocument's effective date on the	: Department of State's	records.		meno, uno uno vin	not ochisted a
record specifies a delayed effect is filed.	tive date, but not an eff	ective time, at 12	:01 a.m. on the ear	lier of: (b) The 90	th day after the
07/25	202	3			
ated		_			
ated	Pavel Signature of a member	Molcoan			

Filing Fee: \$25.00