LZ0000158079

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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1/14/21

COVER LETTER

TO: Registration So Division of Con			,	
	RVICES LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MANUEL DEPOOL			
		Name of Person		
	MADH SERVICES LLC			
		Firm/Company		
	352 SW 15th RD SUITE 2	2		
	.	Address	······································	
	MIAMI FL 33129			
		City/State and Zip Code		
	INFO@TAXESBYGEORG			
For further information c	i:-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)	
MANUEL DEPOOL		786 536.5186		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 9		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
1 anana5500, 1	にし ジムブ [サ	Z413 IN. MIONEC	ic street, suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MADH SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company)	<u></u> ,
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number L20000158079		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		020 D
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		; 2 0
Enter new mailing address, if applicable:		:
Mailing address MAY BE A POST OFFICE BOX)		2
P. If amonding the registered agent and/or maintained affine		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>emer t</u>	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
-	City	rida 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> <u>Address</u>	Type of Action
MGR MANUEL DEPOOL 475 NW 122th ST	= Add
N MIAMI FL 33168	
	□Change
	□Add
	Remove 2020 hange
	HAdd PRemove
	□Remove
	□Change
	□Add
	□Remove
	Change
	□Add
	□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of

Filing Fee: \$25.00