## 120000199602

(Re	equestor's Name)	
(Ad	dress)	<del></del>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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c/ 9/10/2022

## **COVER LETTER**

TO:	Registration Se Division of Cor		•	y
CHD IEA			•	, <b>u</b>
SUBJE	CI:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		IMARA MOLINA-SUAR	EZ	
	IMARA MOLINA-SUAREZ    Name of Person			
		ISMARA MULTISERVIC	Name of Person  LLC  Firm/Company  2  Address  Eity/State and Zip Code  GMAIL_COM  e used for future annual report notification)  at (	
			Firm/Company	<del></del>
		5950 BENT PINE DR Apt	452	
			Address	
		ORLANDO FL 32822		
			City/State and Zip Code	
	Sama Amount   Sama Amount			
		E-mail address: (	to be used for future annual report no	tification)
For furt	her information c	oncerning this matter, please co	all:	
IMARA	A MOLINA-SUA	REZ	321 310-2094	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclose	d is a check for the	he following amount:		
<b>■ \$2</b> 5	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			
	Registration (		Registration S	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISMARA MULTISERVICES LLC

2022 JUN 21 WITH: 12

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

The Articles of Organization for this Limited Liab	pility Company were filed on $\frac{07/13/20}{1}$	20 and assigned
Florida document number <u>L20000199602</u>		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet 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, 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	BURGOS PEDRO J	618 PALM BAY CT APT 111	
		ORLANDO FL 32825	≣Remove
			□Change
			□Remove
			□Change
			□Add
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Effective date (If an effective date Note: If the document's ef	ite is listed, the date inserted in	date must be spec this block doc	cific and car es not mee	anot be prior to t the applicat				al) ing.) Pursuant to ate will not be	
he record specif ord is filed.	fies a delayed	effective date,	but not an	effective tim	e, at 12:01 a	i.m. on the ea	ırlier of: (b)	The 90th day a	ifter the
Dated		$\bigcirc$	:	2022					
· ···	- 6	<u> </u>			-				
	-			nber or author					_

Filing Fee: \$25.00

Typed or printed name of signee