L20000215796

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COVER LETTER

Registration Section Division of Corporations

10.

		ULTISERVICES LLC						
SUBJECT:	Name of Limi	ted Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.						
Please return all correspo	ndence concerning this matter	to the following:						
		GABRIELA GOMEZ						
		Name of Person						
		Firm Company						
	13545 SW 62ND ST APT 4							
Address MIAMI, FL 33183 City/State and Zip Code								
							AULTISERVICES@GMAIL.CO	
						E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please ca	ali:						
GABRIELA GOMEZ		786 757-7701						
Name c	of Person	Area Code Daytii	me 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 Section Division of Corporations		Street Address: Registration S Division of Co						
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monr	Tallahassee oc Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIAJEROS MULTISERVICES ELC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/22 2020 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned L20000215796 Florida document number ___ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 14615 SW 56TH ST Enter new principal offices address, if applicable: MIAMI, FL 33175 (Principal office address MUST BE A STREET ADDRESS) 14615 SW 56TH ST Enter new mailing address, if applicable: MIAMI, FL 33175 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 All The Paris	Type of Action
			Remove
			= Change
			LIRemove
			∐Remove
			Change
			□Remove
			Change
			∐Remove
			Change
			
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) __ (optional) 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. AUGUST 20 Signature of a member or authorized refresentative of a member GABRIELA GOMEZ Typed or printed name of signee