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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Viageros Multiservices LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Yuleisy Diaz Name of Person	
M6R	
Firm/Company	
16974 SW 1446 PL 3	
Address	
Miain, FZ 33/77	
City/State and Zip Code Lisbetbarzaga@yakoo. es E-mail address: (no belased for future annual report notification)	
Fmail address: (to belased for future annual report notification)	
For further information concerning this matter, please call:	
Yuleisy Diaz at (786) 285-5518 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certificate of Status (additional copy is enclosed) □ \$60.00 Filing Fee Certificate of Status (additional copy is enclosed) □ \$60.00 Filing Fee	tus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	Pultiservices LLC
(Name of the Limited Liability Company (A Florida Limited Liab	ns it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	169745W 1444 Ph 111 Wiam, PL 331790 N
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	169745W 144th PL Wiann, FL 33177
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	Juleisy Diaz
New Registered Office Address: [16]	Enter Florida street address Liau, Florida, 33177 City Zip Code
St. 10 14 14 America Companies of changing Registered Agent:	

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 Type of Action Address Name . Title 9884 Hammocks Blod DAdd MGR Darian Cotternez boundles Apt #101 Remove Mian FL 33196 ____ Change 169745W144th PL MAdd MGR Yuleisy Diaz Mrain FL 33/77 ____ DRemove ☐ Change □Remove _____ Change _____ □Remove □ Change _____ □Remove

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