N20000259222

| (Re | equestor's Name) | |
|-------------------------|-----------------------------|---------------------------------------|
| (Ac | ldress) | |
| (Ac | idress) | · · · · · · · · · · · · · · · · · · · |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ı s iness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600375907536

11/03/21--01006--001 **25.00



Y. SCOTT NOV 1 3 2021

COVER LETTER

| | gistration Se cision of Cor | | v | | | |
|---------------|--------------------------------|--|---|---------------------------------------|--|---|
| CLINICA. | LISANDRA | A TORRES, LLC | • | • | | |
| SUBJECT: | · | Name of Lim | ited Liability Company | | _ | |
| The enclosed | l Articles of . | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | | |
| | | TORRES, LISANDRA | | | | |
| | | | Name of Person | | 202 3. | |
| | | LISANDRA TORRES, LI | .C | | 2021 NOV -3 PH 2: 04 3-5/11/44/55EE. FL | ~ |
| | | | Firm/Company | | <u> </u> | 1 |
| | | 10350 SW 216TH ST. STI | E 208 | | PH PH | į |
| | | | Address | | 2: C | |
| | | MIAMI, FL 33190 | | | 一品, | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | | |
| | | instorres0921@gmail.com | | | _ | |
| For further i | nformation ce | E-mail address: (oncerning this matter, please c | to be used for future annual report n | otification) | | |
| TORRES, L | | one make i preme e | 786 872-3815 | | | |
| - | Name of | f Person | at () Area Code Davi | ime Telephone Nun | nber | |
| | | | · | • | | |
| Enclosed is a | a check for th | ne following amount: | | | | |
| ■ \$25.00 B | filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certit Certit | O Filing Fee, ficate of Status & fied Copy onal copy is enclosed) | ı |
| | iling Address | | Street Address: | | | |
| | gistration S vision of C | orporations | Registration S Division of C | | | |
| |). Box 632 | | The Centre of | • | | |
| Tal | llahasse <mark>e,</mark> F | FL. 32314 | 2415 N. Mon | roe Street, Suit | e 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability C (A Florida Lin | ompany as it now appears on our reconted Liability Company) | cords.) |
|---|---|-----------------------------------|
| The Articles of Organization for this Limited Liability Completion of the Lindson Liability Complete Liabil | pany were filed on <u>08/21/2020</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| PLUS MULTISERVI CES LLC | | S 20 |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "I | J.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | <u></u> | ω |
| | | PH 2 |
| Enter new mailing address, if applicable: | | 2: 04 2: 7/1E E. FL |
| Mailing address MAY BE A POST OFFICE BOX) | | · · · |
| Hunning duaress 1971 BE AT OUT WITHEL HOLY | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records, <u>en</u> | ter the name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street add | dress |
| | | Florida Zip Code |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

LISANDRA TORRES LLC

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|-----------------------|-----------------|----------------------------|
| MGR | YAKELIN GIL RODRIGUEZ | 1777 SW 21 AVE | ■Add |
| | | MIAMI, FL 33135 | □Remove |
| | | | Change |
| | | | Add |
| | | | 2021 NOV -3 PH 2: OF STATE |
| | | | Add Place |
| | | | Петюvе |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | DAdd |
| | | | Remove |
| | | | □Change |

| | | | | | | |
|--|-----------------|----------------|---------------|------------------|----------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | ~ . | |
| | | | | <u> </u> | 2021 | |
| | | | | <u> </u> | ADN | |
| | _ . | | | SSEV | ယ် | |
| | | | | | ᄶ | |
| | | | | | 2: 0 | |
| | | | | 17. | 4Ē4 = | |
| | | | _ | | | |
| | | | | | | |
| | | | | | | |
| ective date, if other than the date of filing: |)2 i | | 1. | optional) | | |
| effective date is listed, the date must be specific and cannot be pr | | | than 90 days | after filing.) P | | |
| te: If the date inserted in this block does not meet the app nument's effective date on the Department of State's recor | | atutory ming i | equirements | , this date wi | ш посо | e ustea a |
| | | | | | | |
| cord specifies a delay <mark>ed</mark> effective date, but not an effective stiled. | e time, at | 12:01 a.m. on | the earlier o | it: (b) The S | 90th day | after the |
| | | | | | | |
| ed OCTOBER 27 2021 | · | | | | | |
| J. Surfacture of a member or an | | | | | | |
| | | | | | | |