## 120000268977

(Requestor's Na	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Nur	mber)
Certified Copies Certif	icates of Status
Special Instructions to Filing Office	r:

Office Use Only



300354038953

10/26/20--01028--014 \*\*25.00

2621 OCT 26 PM 2: 19

US 12 m/a

## COVER LETTER

TO:

TO: Registration Se Division of Cor				
	O ROS SERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JORGE ROS			
		Name of Person		
	LEANDRO ROS SERVIC	CES LLC	. ' ,-	:
		Firm/Company		<u>.</u>
	10855 SW 112 STREET A	APT 316	7.50 UC 1 20	ว์ - ว · -
		Address	-	
	MIAMI, FLORIDA 33176	5	<u>-</u> -	рж 2: 19
		City/State and Zip Code		<u>.</u>
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	oncerning this matter, please co	all:		
JORGE ROS		786 484-3825		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	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 Sta Certified Copy (additional copy is en	tus &
Mailing Address Registration 5		<u>Street Address:</u> Registration So	ection	
Division of C		Division of Co	rporations	
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears o ida Limited Liability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited Liability Florida document number <u>L20000268977</u>	Company were filed on 08/28	3/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here	<b>:</b>	
The new name must be distinguishable and contain the words "L	imited Liability Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADL	DRESS)	<u> </u>	222
		<u></u>	<u> </u>
		*	<del>``</del>
en de la de les las		:	9, ,
Enter new mailing address, if applicable:	<u> </u>		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
	<del></del>		<del></del>
		3-	<b>(2)</b>
3. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:		ords, <u>enter the name</u>	of the new reg
-			
New Registered Office Address:	Enter Floride	ı street address	<u> </u>
		, Florida	

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>	Address		Type of Action
MGR	JORGE ROS	10855 SW 112 STREET		🗀 Add
		APT 316	_	🗆 Remove
		MIAMI, FLORIDA 33176		<b>=</b> Change
AMBR	JORGE ROS	10855 SW 112 STREET		□Add
		APT 316		
		MIAMI, FLORIDA 33176		Change
				_ □Add
			UCI 26	Add  Remove
				Change
			<u>;</u> <u>v</u>	□Add
			<del>- •</del>	Remove
				Change
				🗆 Add
				□Remove
				Change
				□Add
				□Remove
				□Change

				<u>.</u>		
			<del></del>			<del></del>
		<del></del>				
		<u></u>				C6.2
						) (CT
						- <del></del>
	-17					2:
					<u>;</u>	9
	<u> </u>			<u></u>		
				<u>-</u>	-	
<b>Tective date, if other the</b> an effective date is listed, the ote: If the date inserted incument's effective date of	date must be specifi n this block does i	ic and cannot be prior not meet the applic	r to date of filing or i	nore than 90 days a	ptional) fter filing.) P this date wi	ursuant to 605.020 ill not be listed a
record specifies a delayed is filed.	effective date, bu	t not an effective t	ime, at 12:01 a.m.	on the earlier of	: (b) The 9	90th day after th
SEPTEMBER 9	_(;	2020				
ated SELTENDER	K	of a member or auth				