12000269073

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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TO: **Registration Section Division of Corporations** tions L(C SUBJECT: Same of Unnited Enability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

GARUC 1132 718 α nna Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

1.2 \$55.00 Filing Fee & Certified Copy radditional copy is enclosed) [1] \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASA	Maintenance Solution	Selfer 194 6: 20	
	ility Company as it now appears ida Lumited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L20000269073</u>		08/28/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company ber	<u>.</u> e:	
The new name must be distinguishable and contain the words "1.	united Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	<u>-</u>		
(Principal office address MUST BE A STREET ADI	<u>DRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		our records, <u>epter</u>	<u>the name of the new</u>
Name of New Registered Agent:	Ashley Espinosa	·····	
New Registered Office Address:	509 S. Chickasaw Trail#	307	
		da street address	
	Orlando	, Florida	32825

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

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

Shley Chinoso

Zip Code

If Changing 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

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ASIDIX - ANNALIZA MENDER		2313 St. (22) FM 64 23		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	LILIANA MEJIA	509 S. CHICKASAW TRAIL #307	Add	
		ORLANDO, FL 32825	🖪 Remove	
MGR	Yovanna GARcia	509 Schickasand Hail #30	0 7 • Add	
		Oclardo, FL 32825	Remove	
			Change	
			🖸 Add	
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			🗆 Add	
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		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Change	
			🖸 Add	
			🛛 Remove	
			Change	

D. If amending any other information, enter changets) here: (Attach additional sheets, if necessary.)

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	S 2% Fil 6: 23
	<u> </u>
ive date, if other than the date of filing:	(optional)

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.

Dated Sep. 10. 2020 Suprature of a member of authorized representative of a member
Yovanna GARCIA Typed or punted name of signce

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Filing Fee: \$25.00