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COVER LETTER

	Registration So Division of Co			
SUBJEC		SERVICES, LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The encio	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		JORGE COELLO		
			Name of Person	
		7988C&M SERVICES, LI	LC	
			Firm/Company	
		17800 SW 143 CT		
			Address	
		MIAMI, FL 33177		
			City/State and Zip Code	
		JCOELLO2000@HOTMA	IL.COM	
		E-mail address: (to be used for future annual report notif	ication)
or furthe	er information c	oncerning this matter, please ca	all:	
JORGE (COELLO		786 7207251 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
		•		
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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7988C&M SERVICES, LLC	SECRETARY OF STATE
(Name of the Limited Liability Compa (A Florida Limited I	SECRETARY OF STATE ny as it now appears on our records. AHASSEE. FL Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000274540	were filed on SEPTEMBER 02,2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	N/A
	N/A N/A N/A
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	N/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: N/A	address on our records, enter the name of the new registered
The Troping of the Transport	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

N/A

_, Florida _____

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
AMBR	ADA B CUELLO	14289 SW 177 ST	
		MIAMI, FL 33177	■Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
		<u> </u>	□Remove

-	JORGE COELLO HAS NOW 50% PERCENT OWNERSHIP INTEREST IN THE COMPANY	
-	VIRNA CAMPOS HAS NOW 50% PERCENT OWNERSHIP INTEREST IN THE COMPANY	
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ecor is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	r the
	May 23 .2022.	

Signature of a member-or authorized representative of a member

IODOC COCLLO