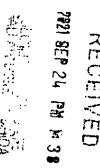
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: De la Torre Multi-Services ((C 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:
Christian R. Dola Torre Marvero Name of Person
De LA torre Multi-Services L.L.C. Firm/Company
1431 Simpson Rd Unit 75 Address
Kissimmee FL 3 (741) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount;
■ \$25.00 Filing Fee

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

Delatore multi-	Services	6.6c		_
Pelatore Malti-	ed Liability Comr (A Florida Limited	pany as it now appears on o Liability Company)	our records.)	3
The Articles of Organization for this Limited Li. Florida document number <u>L 2000</u> 295	ability Compan	y were filed on <u>9//8</u>	?/2 0 20	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited lia	bility company here:		(
The new name must be distinguishable and contain the wo	ords "Limited Liab	pility Company," the designa	tion "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applica	ible:			
(Principal office address MUST BE A STREE)	(ADDRESS)	3504 (1551mr	Portview nec Fl	1 Curt 34746
Enter new mailing address, if applicable:		3504 Port	tuiew Cou	it
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	Kissimme	FL 3474	16
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office s here:	,	ls, enter the name	e of the new registered
Name of New Registered Agent:		UlA		
New Registered Office Address:	3504	Port View Co	ourt	
	Kis	Enter Plorida str Styumee City	, Florida	34746 Zip Code

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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lf an effec <u>Note:</u> I	ye date, if other than the date of filing:
record d is file	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 ed.
Dated _	9/24/2021
	Signature of a member or authorized representative of a member