LA0000495655

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	Registration S Division of Co				
SHRIEC	Paul's Prof	fessional Services LLC			
NODAISC.	··	Name of Li	mited Liability Company		
The enclo	sed Articles of	f Amendment and fcc(s) are su	bmitted for filing.		
Please ret	urn all corresp	ondence concerning this matte	r to the following:		
		Paul Munoz			
			Name of Person		
	Paul's Professional Services LLC				
	Firm/Company 970 N.E 127th Street				
			Address		
		North Miami, FL 33161			
			City/State and Zip Code		
		paulyplumber05@gmail.co	•		
		E-mail address:	to be used for future annual report noti	fication)	
For further	information c	oncerning this matter, please o	all:		
Ana Smul	evich		305 450-5364		
Name of Person		f Person	at () Area Code Daytime	e Telephone Number	
Enclosed is	s a check for th	ne following amount:			
□ \$25.00	Filing Fee	□ \$30.00 Fiting 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)	
М	ailing Addres	s:	Street Address:		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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

any as it now appears of Liability Company)	n our records.)	
were filed on 09-21	-2020	and assigned
oility company here	:	
ility Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
<u></u>	<u> </u>	
	<u></u>	
address on our reco	ords, <u>enter the na</u>	ame of the new registe
		
Enter Florida	street address	
	, Florida	
City	-	Zip Code
<u>:</u>		
ree to act in this cat	acity. I further a	ngree to comply with t In familiar with and
<u>i</u>	were filed on	· L

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Paul S Munoz	970 N.E 127th Street	
		North Miami, FL 33161	
			[]Change
			[]Add
			□Remove
			Change
			□Add
			Remove
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101C. 11 L	date, if other than the date of f we date is listed, the date must be specific the date inserted in this block does n is effective date on the Department	tot incet the applicable	date of filing or more than e statutory filing requi	(optional) 90 days after filing.) Pur rements, this date will	suant to 605.0207 not be listed as
record sp I is filed.	ecifies a delayed effective date, but	not an effective time	, at 12:01 a.m. on the c	earlier of: (b) The 90	th day after the
	1	2020			
ated Nov	reinber 20				
	Jun James	,	d representative of a me	nber	 .

Filing Fee: \$25.00