

L20000303440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 MAY 10 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL

Name Change

JUN 23 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHAN ECHENAGUCIA

Name of Person

MULTISERVICES JJ89 LLC

Firm/Company

1630 NW 2ND STREET APT # 3

Address

MIAMI, FL 33125

City/State and Zip Code

JOHANJS25.89@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

FILED
2021 MAY 10 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 MAY 10 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FL

April 13, 2021

JOHAN ECHENAGUCIA
MULTISERVICES JJ89 LLC
1630 NW 2ND STREET, APT #3
MIAMI, FL 33125

SUBJECT: MULTISEVICES JJ89, LLC
Ref. Number: L20000303440

We have received your document for MULTISEVICES JJ89, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 621A00007619

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Multiservices JS89, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 MAY 10 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number 120000303440

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Multiservices JS89, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1630 NW 2nd Street, APT #3
Miami, FL 33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

City

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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



E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 April 26th, 2021.

A handwritten signature in black ink, appearing to read "Johan Echenagucia".

Signature of a member or authorized representative of a member

Johan Echenagucia

Typed or printed name of signee