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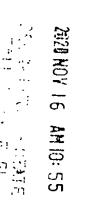
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O SIMMONS
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TO: Registration Section Division of Corporat	ions			
SUBJECT: Ber	Name of Limit	ded Liability Company	vices l	LLC
The enclosed Articles of Amen	dment and fee(s) are subm	nitted for filing.		
Please return all correspondence	e concerning this matter t	o the following:		
_	Benny	A. Mora	les	
<del></del>	Benny	Morales Firm/Company	Seru	ii CES
_	3000 C	1ARCONG Address	RD #	521
		City/State and Zip Code		
_	Bennymo E-mail address: (to	Rales Servi	eport notification)	g mail.com
For further information concern				
Benny Mc Name of Perso	prales	at ( <u>3&amp;1</u> ) Area Code	313-97 Daytime Telepho	7 ≥ one Number
Enclosed is a check for the follo	owing amount:			
	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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 ORGANIZATION DE COMPANDE STATEMENT OF 2020 NOV 16 AH 10: 55

Benn	y Morales Services LLC
(Name of the Limited	MORGIES SERVICES LUC d Liability Company as it now appears on our records.) ST SIATE A Florida Limited Liability Company)
	ability Company were filed on 10/28/2030 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
B. If amending the registered agent and/or reagent and/or the new registered office address	
Name of New Registered Agent:	Benny A. Morales
New Registered Office Address:	Benny A. Morales  3000 Clarcona RD #521  Enter Florida street address
	Apopka Florida 32703  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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bein or removed from our records:

MGR = Manager AMBR = Authorized Member 2020 NOV 16 AM 10: 55

<u>Title</u>	<u>Name</u>	Address	ATTEMPT OF THE	Type of Act
MGR	Benny A. Morales	3000	Clarcona RD	<b>%</b> Add
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<u>ote:</u> If the di	e, if other than the te is listed, the date mus ate inserted in this bl fective date on the D	ock does not	meet the app	dicable statute	12020 ling or more that ory filing requ	) (or 190 days a frements.	otional) (ter filing.) P (his date wi	ursuunt to 605 ill not be liste
ecord specif is filed.	ies a delayed effectiv	e date, but n	ot an effectiv	e time, at 12:0	H a.m. on the	earlier of	(b) The S	90th day after
ited	11/13		. <u>20a</u>	<u>D</u> .				
	Pmv.	12						
	Benny	Signature of	a member or a	thorized repres	sentative of a m	ember		
		^	-					