

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L200003055-92**

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : US CONTADOR INC  
Account Number : I2020000121  
Phone : (770)928-2700  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2022 APR 15 PM 3:40

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HOLDING SERVICES AND BUSINESS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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2022 APR 15 AM 9:10

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H22000137849 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLDING SERVICES AND BUSINESS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/18/2020 and assigned Florida document number L20000365592

This amendment is submitted to amend the following:

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

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: 13021 SW 242ND ST HOMESTEAD, FL. 33032 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 13021 SW 242ND ST HOMESTEAD, FL. 33032 (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

City Florida 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

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**H22000137849 3**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	TRUQUE VALENCIA, DANIEL	13021 SW 242ND ST	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL. 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CANO SANTA, JUAN P	13021 SW 242ND ST	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL. 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZAPATA PUERTA, JUAN C	4855 W HILLSBORO BLVD B3	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALVAREZ FORERO, JUAN D	4855 W HILLSBORO BLVD B3	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

