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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

| TO: Registration So Division of Cor | | | ٠. |
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| | | | |
| SUBJECT: | | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | DANIA GARCIA | | |
| | | Name of Person | |
| | LIBERTY SERVICES, LI | LC | |
| | | Firm/Company | |
| | 7502 SW 135TH PL | | |
| | SRTY SERVICES. LLC Name of Limited Liability Company Cles of Amendment and fee(s) are submitted for filing. DANIA GARCIA Name of Person LIBERTY SERVICES. LLC Firm/Company 7502 SW 135TH PL Address MIAMI FL 33183 City/State and Zip Code COSOS17@HOTMAIL.COM B-mail address: (to be used for future annual report notification) ation converning this matter, please call: 786 Name of Person Area Code Daytime Telephone Number k for the following amount: Fee S 250.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Address: Street Address: The Registration Section To of Corporations Street Address: Registration Section To Of Corporations | | |
| | MIAMI FL 33183 | | |
| | | • | |
| | | | atification) |
| For further information of | | | ATTAIN ATT |
| DANIA GARCIA | | | |
| Name o | of Person | | me Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Addres Registration | - | | ection |
| Division of C | Corporations | Division of Co | orporations |
| P.O. Box 632 Tallahassee. | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIBERTY SERVICES, 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 Liabilit | • • | and assigned |
| Florida document number L21000013151 | · | |
| This amendment is submitted to amend the following | $\hat{\mathbf{r}}$ | |
| A. If amending name, enter the new name of the l | limited liability company here: | |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DDRESS) | |
| | | · |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u></u> | |
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| Diff. It is a larger to the state of the sta | 1 cc | |
| B. If amending the registered agent and/or register agent and/or the new registered office address her | · | E of the new Tegistered |
| | _ | 2 SE TAL |
| Name of New Registered Agent: | | A Section |
| New Registered Office Address: | | TO SEE |
| isew registered Office Address. | Enter Florida street address | |
| | Florida | |
| | City | 有多 呈 |
| New Registered Agent's Signature, if changing Regist | ered Agent: | 15 A C |
| I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change | d complete performance of my duties, and I am f d agent as provided for in Chapter 605, F.S. Or, tered office address, I hereby confirm that the lin | ree to comply with the amiliar with and if this document is |
| | | |
| | If Changing Pagistarud Agent Signature of New Pour | integral Accord |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------|---------------------------------|----------------|
| AMBR | JOYCE CARRION | 7502 SW 135TH PLMIAMI, FL 33183 | □Add |
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| Tective date, if other neffective date is listed, the test of the date inserted | he date must be specif I in this block does | fic and cannot be prio not meet the appli- | cable statutory filing | (option te than 90 days after fi requirements, this c | ing.) Pursuant to 605,020 |
| rument's effective date | on the Departmen | it of State's records | i. | · | |
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| cord specifies a delaye s filed. | ra effective date, bu | ut not an effective (| ime, at 12:01 a.m. or | i me earlier of: (b) | The 90th day after the |
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| ed SEPTEMBER, 16 | | 2022 | | | |
| | | | | | |
| | Signature | e of a member or auti | orized representative p | <u>J</u> fa member | |
| DANIA GARO | - | T - | | 1.0 | |
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