

L21 0000 15958

111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

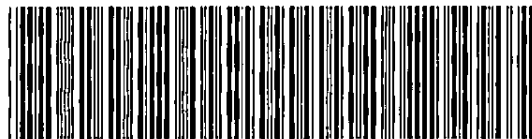
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300432055553

06/27/24--01012--015 **25.00

2024 JUN 27 PM 2:23

611.1.11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MULTI-SERVICES SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VERLANDE JOSEPH

Name of Person

MULTI-SERVICES SOLUTIONS LLC

Firm/Company

100 E LINTON BLVD STE 301A

Address

DELRAY BEACH FLORIDA 33483

City/State and Zip Code

FIVESTARSERVICES39@GMAIL.COM

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

For further information concerning this matter, please call:

VERLANDE JOSEPH

772 9856546

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing 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)

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**

MULTI-SERVICES SOLUTIONS 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 01/05/2021 and assigned
Florida document number L21000015958.

This amendment is submitted to amend the following:

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

WAN INSURANCE AGENCY 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)

100 E LINTON BLVD STE 301A

DELRAY BEACH FLORIDA 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 E LINTON BLVD STE 301A

DELRAY BEACH FLORIDA 33483

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

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

[illegible]

[illegible]

(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.

Dated 06/20/2024

[Handwritten signature]

Signature of a member or authorized representative of a member

VERLANDE JOSEPH

Typed or printed name of signee

Filing Fee: \$25.00