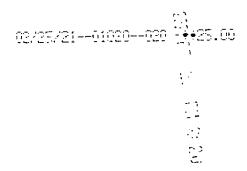
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(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			v
VRA REA	LŢY GROUP LLC		•
SUBJECT:	Name of Lim	ited Liabitity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	MAVY RUBIANO		
		Name of Person	
	EXPRESS TOTAL MULT	TISERVICES LLC	
		Firm/Company	
	8092 WEST SAMPLE RO	AD	
	_	Address	
	MARGATE FLORIDA 33	065	
	<u></u>	City/State and Zip Code	
	infomultiservices2020@gm		
	E-mail address; (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all;	
Gioconda Veronica Rubi Arnosa		305 8034852 at ()	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lity Company as it now appears on our records.) la Limited Liability Company)	
Company were filed on JANUARY 8,2021	and assigned
nited liability company here:	
mited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
RESS)	
	.=,
ed office address on our records, <u>enter the nam</u>	e of the new registe
	
Enter Florida street address	
Florida	
City	Zip Code
	nited liability company here: mited Liability Company," the designation "LLC" or the above the set office address on our records, enter the name the street address Enter Florida street address Florida

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 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>	Type of Action
MGRM	GIOCONDA V RUBI ARNOSA	<u> </u>	
			□Remove
		2921 SW 152 CT MIAMI FL 33185	Change
			🗀 Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗀 Add
			□Remove
	·		□Change
			□Add
			□Change

CHOCONDA	V. RUBI ARNOSA
	
-	
an effective date is liste ote: If the date inse	her than the date of filing:
record specifies a de is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2021
ated	
February 18	Signature of a member or authorized representative of a member

Filing Fee: \$25.00