L21000084269

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21 APR -5 PH 12: 33

COVER LETTER

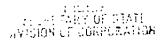
TO: Registration Se Division of Cor			
SUBJECT: DG	Custom M Name of Limi	ade Services ited Liability Company	ILC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	<u>lvan</u>	ORTLOG GOME Name of Person	27
		Firm/Company	<u> </u>
	1120 N.F	Vanklin Aue =	#D
	Homesta	City/State and Zip Code	4
	E-mail address: (t	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Van Ort	ega femet	at (305) 934. Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Tallahassec, 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 ARTICLES OF ORGANIZATION **OF**



06 Custom Made Services 21 PPRES F	H 12: 33
(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 $\frac{2182021}{2021}$ and a Florida document number $\frac{1210000842109}{2021}$.	ssigned
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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the nearly agent and/or the new registered office address here</u> :	ew registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	 -
rmer r torida street didtress	
, Florida, Ztp 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 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

MGR = Ma $AMBR = Au$	nager thorized Member		a + 3, E TAR: ∃IVISJOH UE C	: Y GE UTATE ORPORATION	
<u>Title</u>	<u>Name</u>	Address	21 APR -5		Type of Action
MGR	Yanilis Guzman	Perez	1120 N Fray	nklin A	<u>'U</u> □Add
		+	tomestead, Fl	33034	Remove
					□Change
AMBR	Ivan Ortega homez	- 1120	N. Frankli	n Ave	□Add
		<u>—Ho</u>	nustead.F	L 3303	□Remove
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Effective date,	if other than the date of is listed, the date must be speci	filing:		(optional)		
Note: If the dat	e inserted in this block does	not meet the applica	o date of filing or more that ble statutory filing requ	n 90 days after filing.) irements, this date v	Pursuant to 605.0207 (3)(will not be listed as the	(b)
document's effe	ctive date on the Departmen	nt of State's records.				
u record specifie	s a delayed effective date, b	ut not an effective tir	ne at 12:01 a.m. on the	earlier of: (b) The	90th day after the	
ord is filed.	a a delay ea erreettive date. e					
Dated MC	· (A) (A)	2/21				

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