L21000087386

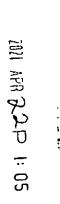
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COVER LETTER

TO: Registration Section Division of Corporations FLORIDA PRO MULTI SERVICES LLC SUBJECT: ___ 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: OVIDIO MATOS Name of Person FLORIDA PRO MULTI SERVICES LLC Firm/Company 7301 TRACEVIEW LN 301 Address ORLANDO FL 32807 City/State and Zip Code FLORIDAPROMULTISERVICES@USA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OVIDIO MATOS Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7301 TRACEVIEW LN

(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L21000087386</u>	ability Company were filed on <u>02</u>	/19/2021	and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the c	designation "LLC" or the a	obbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	2. 43.45.45.42.400		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OV_1		
B. If amending the registered agent and/or regard and/or the new registered office address Name of New Registered Agent:	gistered office address on our ro here:	ecords, <u>enter the man</u>	ie of the new registere
New Registered Office Address:			
	ida street address		
	City	Florida	Zin Code
New Registered Agent's Signature, if changing Re	•		Zsp Code
hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the resonneany has been notified in writing of this change in the resonneany has been notified in writing of this change in the resonneany has been notified in writing of this change in the change	agent and agree to act in this c and complete performance of i red agent as provided for in C gistered office address. I hereb	my duties, and \overline{I} am)	familiar with and

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OVIDIO MATOS	7301 TRACEVIEW LN	[]Add
		APT 301	
		ORLANDO FL 32807	
			□Remove
			[DAdd
			□Remove
			[]Change
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