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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COUDING GENERAL SERVICES 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:	
Jeane of Person	
MT TAKES and more in (
2754 W. atlantic laud	
City/State and Zip Code	
E-mail address (to be used for hiture annual report notification)	
For further information concerning this matter, please call:	
Name of Person at 754 209 - 5548 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Claudios Ge	peral Jervices Lu	<u>J</u>
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{\partial \partial H \partial I}{\partial B}$ a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbrevia	tion "L,L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	NESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered	d office address on our records, enter the name of t	he new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	70	
-	Enter Florida street address	
	, Florida	Cod
	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 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>	Name	<u>Address</u>	Type of Action
tmbr	Spencer	2217 Cypress Island	🖸 Add
	Tonn Claudio	DV. APT 705	□Remove
		Fompano beach Fl 33069	Change
			□Add
			□Remove
			□Change
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ffective date	te inserted in this	must be specific a s block does not	and cannot be prior	able statutory fil	more than 90 day	(optional) s after filing.) Pursi ts, this date will r	
	s a delayed effe	ctive date, but n	ot an effective ti	me, at 12:01 a.m	on the earlier	of: (b) The 90th	n day after ti
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Filing Fee: \$25.00