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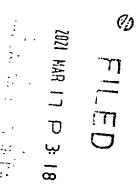
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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	,	COVER LETTER
TO: Registration Se Division of Cor		;
,	ILY'S MULTISERVICES LLO	
		nited Liability Company
	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	KARINA FARIAS	
		Name of Person
	OUR FAMILY'S MULTIS	SERVICES
		Firm/Company
	8365 SW 152 AVE	
		Address
	MIAMI FL 33193	
		City/State and Zip Code
	KARINAF27.494@GMAII E-mail address: (	(to be used for future annual report notification)
For further information of	oncerning this matter, please c	
KARINA FARIAS		786 6563149
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certified Copy (additional copy is enclosed) ☐ Certificate of State & Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration :		Street Address: Registration Section
Division of C P.O. Box 632	Corporations	Division of Corporations $\infty$ The Centre of Tallahassee
Tallahassee,		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUR FAMILY'S MULTISERVICES, 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 FEBRUARY 25, 2021 and assigned Florida document number L21000093946 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, 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:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
AP	KARINA FARIAS	8365 SW 152ND AVE, MIAMI FL 33193	<b>=</b> Add
		,	□Remove
			□ Change
AP	P FREDDY VALLES	8365 SW 152ND AVE, MIAMI FL 33193	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add ≈ <b>Ø</b>
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cord specifies a delayed effective is filed.	date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b	) The 90th day att	ter in
MARCH 08,					
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