5/16/23, 1:40 PM

Division of Corporations

# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000181582 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser	from	this page	e. Doing
so will generate another cover sheet.		, ,	

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone : (305)882-1238 Fax Number : (305)882-1260

 ${\sim_2}^{\bullet,\bullet}$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
----------------	--

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEREZ LAGES MAINTENANCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

MAY 1 6 2023

#### COVER LETTER

TO:	Registration 5 Division of Co			•
SUBJEC	PEREZ L	AGES MAINTENANCE LLC		
30000	~ · · <u> </u>	Name of Li	nited Liability Company	<del> </del>
The encl	osed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all corresp	ondence concerning this matte	r to the following:	
		YISEL LAGES QUINTA	NA	
			Name of Person	
		PEREZ PAGES MAINTA	AINANCE LLC	
			Firm/Company	· · · · · ·
		15595 NW 39 PL		
			Address	· · · · · · · · · · · · · · · · · · ·
		OPA LOCKA FL 33054		
			City/State and Zip Code	
		E-mail address:	(to be used for future annual report no	tification)
For furth	er information i	concerning this matter, please c	eall:	
YISELL	AGES QUINT	ANA	(	
<del></del>	Name (	of Person	Area Code Daytii	ne Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Division of C		Registration Se Division of Co	
1	P.O. Box 632	27	The Centre of	
7	Fallahassee,	FL 32314		oc Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassce, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEREZ LAGES MAINTENANCE LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) .umited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 2/26/2021	and assigned
Florida document number L21000096584		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
	;	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del>-</del>	
(Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		··· <del>-</del>
		1816
B. If amending the registered agent and/or registered o	ffice address on our records, enter the nan	ie of the new registered
agent and/or the new registered office address here:		23 HAY
Name of New Registered Agent:		
New Registered Office Address:		- · · · · ·
New Registered Office Address:	Enter Florida street address	<u>=</u>
	Comment of the following the second case	ထဲ
	Florida	. 1/2
	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	Address	Type of Action
MGR	YOILER PEREZ HECHAVARRIA	15595 NW 39TH PL	≅Add
		OPA LOCKA FL 33054	
			□Change
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			Change
	····		□Add
		<u></u>	□Remove
			Change
<del></del>			□Add
			□Remove
			□Change

-	
-	
_	
_	
_	
-	
_	
TOLC.	ve date, if other than the date of filing:
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	5/16 . 2023.
	<u>Voiler</u>
	Signatute of a member or authorized representative of a member
	415el Lages Quintana

Filing Fee: \$25.00