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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

TO:	Registration Division of C		
cup ir		home service LLC	
SUBJE	∍I; <u> </u>	Name of Lim	ited Liability Company
The enc	osed Articles	of Amendment and fee(s) are sub	mitted for filing.
Please re	eturn all corres	pondence concerning this matter	to the following:
		Liuber Leiva	
			Name of Person
		90 Miles home service LL	С
			Firm/Company
		3351 NW 20 Street	
			Address
		Miami, FL 33142	
		Leivaliuber@yahoo.com	City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For furtl	ner information	n concerning this matter, please c	all:
Liuber :	l Leiva		305 763-3705
	Nam	e of Person	Area Code Daytime Telephone Number
Enclose	d is a check for	r the following amount:	$\mathcal{Q}_{\mathcal{Y}}$
€ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Florida document number L21000130603	Company were filed on 03-19-21	and 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 abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		
Enter now mailing address, if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>enter tl</u>	ne name of the new registered
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	<i>(</i>)
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the registere	omplete performance of my duties, and gent as provided for in Chapter 605, F	l I am familiar with and .S. Or, if this document is
company has been notified in writing of this change.		<u>-</u>
	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

Title	<u>Name</u>	Address	Type of Action
Ambr	Liuber I Leiva	3351 NW 20 Street	■Add
			Remove
			□Change
Pres	Liuber I Leiva		
			■Remove
			□Change
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ective date, if other than the date of	f filing:	(optio	nnal)
effective date is listed, the date must be spec-	ific and cannot be prior to date	e of filing or more than 90 days after	filing.) Pursuant to 605.02
e: If the date inserted in this block does ument's effective date on the Departme	s not meet the applicable s nt of State's records.	statutory filing requirements, this	
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and and the delivery officeries date.		A 12:01 = ab	2021
cord specifies a delayed effective date, b s filed.	out not an effective time, a	it iz:01 a.m. on the earlier of: (b)) The:90th day after the
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April 10	2021		
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Signatur	re of a member or authorized	representative of a member	
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Filing Fee: \$25.00