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## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT:	A+ Dis Pat Name of Limi	ch / Printing !	BervicesLLC
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	<u>Angeline</u>	Pascal Name of Person	<del> </del>
		Firm/Company	
	4422 Ma	urtins way Apt	<u>A</u>
		City/State and Zip Code	
	Info Odispe	atch Services - Com o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ıll:	
Angeline Name of	Pas Cal	at ( <u>351</u> ) <u>989</u> Area Code Daytim	78 2/ e Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Notarise by	Angie LLC	
( <u>Name of the Limited Liability &amp; Ompå</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 61665670030	were filed on April - 16-202	L) and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab    A	Services LIC	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	UUD8 Martins Orlando FL	Way Apt A 32808
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Florida	Ę.,
	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 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
Title Wher HBR	Angeline Pascal	4428 Hartins Way Apt A	
			Remove
			DChange
			🗀 Add
			□Remove
			□ Change
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			□Add
		<del></del>	□Remove
			□ Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I would like to also change the role
	of my business name The Role of
	of my business name The Role of the vovent was "CEO" trival to
	Open my business account the bonk
	Says inced to change it to the owner
<del></del> -	first. I conit open it Unless it's Changeel
	To " Managing Hember"
	TO TRANA GING TENIDER
·	
(If an effective Note: If t	date, if other than the date of filing:
If the record sprecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	and the
	Signature of a pember or authorized representative of a member
	Anseine Pascal
	Typed or printed name of signee

Filing Fee: \$25.00