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(Requestor's Name)
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/City/State/7in/Dhone #1
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
SPOKE nith Diana 06/14/21
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:

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COVER LETTER

TO:		ation Sect For Corpo			
SURTE	·cr· /	4.D.A	AWESOME S	SERVICE LLIC	
3000	<u></u>		Name of Limi	ited Liability Company	
The end	closed Art	icles of Ai	nendment and fee(s) are sub	mitted for filing.	
Please	return all c	correspond	lence concerning this matter	to the following:	
			Diana Rocio	RODRIGUEZ Name of Person	**
			A.D.A AW	ESOME SERVICE LLC Firm/Company	
			7261 CROSS	ROADS GARDEN (DRIVE AP 3301
			ORIANDO -F	ORIDA 32821 City/State and Zip Code	
				Damail . Com to boused for future annual report notif	ication)
For fur	ther infort	nation cor	cerning this matter, please ea	all:	
D)iavla	ROD Name of I	RIGUEZ Person	at (<u>† 1</u>) <u>32160</u> Area Code Daytimo	038716 Telephone Number
Enclos	ed is a che	ck for the	following amount:		
√ \$2	5.00 Filing	g Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio	Address: ration Scoon of Co	rection rporations	Street Address: Registration Sec Division of Con The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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OF	The state of the s

	21 APR 30 AM 8: 43
	21 APR 30 1"
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on O4 - O9 - 21 and assigned
Florida document number <u>L21000164984</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
A.D.A AWESOME SERVICE	UC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7261 crossroads garden dr
(Principal office address MUST BE A STREET ADDRESS)	<u> Orlando - Florida 3283</u>
	<u>apartamento 3301</u>
Enter new mailing address, if applicable:	7261 crossioads apiden dr
(Mailing address MAY BE A POST OFFICE BOX)	orlando-Flonda 32821
	apartamento 3301
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Diana	Rodnguez
New Registered Office Address: 7261	crossroads garden drive apt 3301 Enter Florida street address
	City Storida 32821
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		TO SHARE THE STATE OF THE STATE		
<u>Title</u>	<u>Name</u>	Address	21 AFR 30 AM 8	Aspe of Action
	David Soler	7261 crossicac	ds garden dr	_ i√∧dd
		orlando-Florida	a 32821	□Remove
		aportament	0 3301	□Change
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	Signature of a med	inber of authorized representative of a member