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## **COVER LETTER**

Tallahassee, FL 32314

TO:

	egistration Sec ivision of Corp			
	AMB SERV	/ICES LLC		
SUBJECT	l:	Name of Limi	ited Liability Company	
The enclos	sed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırıı all correspor	ndence concerning this matter	to the following:	
		MARIA A. CALDERON		
			Name of Person	
		AMB SERVICES LLC		
			Firm/Company	<del></del>
		12634 NW 11TH PL		
		<del></del>	Address	
		SUNRISE, FL 33323		
			City/State and Zip Code	
		SERVICES.AMB@OUTLO		
		E-mail address: (	to be used for future annual report not	lification)
For further	r information co	oncerning this matter, please ca	all:	
MARIA A	A. CALDERÓN	Ī	954 326-6042	
	Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclosed i	is a check for th	e following amount:		
□ \$25.00	0 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		Street Address:	action
	Registration S Division of Co		Registration Se Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  alling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	AMB SERVICES LLC		
rida document number 1.21000190814  is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  alling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.C." ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  alling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	-	ny were filed on June 30, 2024	and assigned
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New Registered Office Address:  Enter Florida street address  Florida	gent and/or the new registered office and two nere.		
Enter Florida street address . Florida	Name of New Registered Agent:		
. Florida	New Registered Office Address:	Enter Florida street address	
Florida			
		, Florid	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAIME PATINO	12634 NW 11TH PL	<b>■</b> ∧dd
		SUNRISE, FL 33323	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□∧dd
			□Remove
			∏Change

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Effect	ive date, if other than the date of filing: (optional)
lf an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
	June 30 2024
Dated	
	// //
	/ 1 //
	Signature of a member of pathorized representative of a member

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