L21000192562

(Re	equestor's Name)	
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PICK-UP	equestor's Name) ddress) ddress) ity/State/Zip/Phone #) WAIT MAIL usiness Entity Name) ocument Number) Certificates of Status Filing Officer:	
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



200370968962

8/19/21

COVER LETTER

TO:

Registration Section

Division of Cor	porations		:			
	IULTISERVICES, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	DANNY GONZALEZ GA	LVEZ				
		Name of Person				
		Firm/Company				
	4629 CHARTER ST					
		Address				
	ZEPHYRHILLS, FL 3354	2				
		City/State and Zip Code				
	DANNYGONZALEZGAL					
	E-mail address: (to be used for future annual report no	otification)			
For further information of	concerning this matter, please co	all:				
DANNY GONZALEZ GALVEZ		at () 3818327				
Name o	of Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for t	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)			
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection			
Registration Section Division of Corporations		Division of Co				
P.O. Box 632		The Centre of				
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DONNY MULTISERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FL and assigned Florida document number L21000192562 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4629 CHARTER ST ZEPHYRHILLS FL 33542 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: DANNY GONZALEZ GALVEZ Name of New Registered Agent: 4629 CHARTER ST New Registered Office Address: Enter Florida street address ____, Florida 33542 Zip Code ZEPHYRHILLS

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>	<u>Address</u>	
AMBR	DANNY GONZALEZ GALVEZ	4629 CHARTER ST ZEPHYRHILLS FL 33542	= Add
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ffective date, if	other than the dat listed, the date must be	e of filing: _	neat ha neige to	data of filing or r	nore than 90 da	(optional)	Pursuant to 605	620
Sote: If the date is	nserted in this block	does not mee	t the applicabl	e statutory filir	ng requiremen	its, this date v	ill not be list	ed a
locument's effecti	ve date on the Depar	tment of State	e's records.					
record specifies a	i delayed effective da	te, but not an	effective time	, at 12:01 a.m.	on the earlie	r of: (b) The	90th day afte	r the
d is filed.							,	
	1						<u>72</u> 1.	
Dated	01/2021		(2:00P	· · ·			مار دارند دارند	١
			12:00P				•	
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	816	marare or a mer	moti of authority	ea representany	c of a member		•	-
				name of signee				رز.

Filing Fee: \$25.00

Date of this notice: 07-21-2021

Employer Identification Number:

87-1780162

Form: SS-4

Number of this notice: CP 575 G

DONNY MULTISERVICES
DANNY GONZALEZ GALVEZ SOLE MBR
4629 CHARTER ST
ZERPHYRHILLS, FL 33542

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-1780162. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DONN. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

07-21-2021 DONN O 999999999 SS-4

(IRS USE ONLY) 575G

Keep this part for your records. CP 575 G (Rev. 7-2007) ______

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 07-21-2021

() - EMPLOYER IDENTIFICATION NUMBER: 87-1780162

NOBOD FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 hladdiddddddddladlaadddddddd DONNY MULTISERVICES DANNY GONZALEZ GALVEZ SOLE MBR 4629 CHARTER ST ZERPHYRHILLS, FL 33542