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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ZileF Multiservices LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Divina Cappina Castro Veloz	
Zilef Multiservices LLC Firm/Company	
18220 West Divic Huy	
North Miami Beach FL 33160 City/State and Zip Code	
CAROLA 1121 (a) G mail-com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Divina Carolina Cootro at (786) 327-8608 Name of Person Area Code Daytime Telephone Number	
, talle on the case of the cas	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee	atus &
Mailing Address: Street Address:	

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

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 Liability Compa (A Florida Limited)	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 11000110531</u> .	r were filed on <u>か</u>	1045,2021	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	ere:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the de	esignation "LLC" or the a	bbreviation "L.I	C."
Enter new principal offices address, if applicable:		.=		
(Principal office address MUST BE A STREET ADDRESS)				
			<u>بين</u> ژان	•
Enter new mailing address, if applicable:			<u> </u>	•
(Mailing address MAY BE A POST OFFICE BOX)				1
				<u> </u>
			· -	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter the nan</u>	ne.of the néw	<u>registere</u>
ment with the first regularized office address first.				
Name of New Registered Agent:				
				*
New Registered Office Address:	Enter Flori	ida sircei address		
	, Florida			
	Circ	, riottaa	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of a provided for in C	my duties, and Lam _. hapter 605, F.S. Or,	familiar with if this docu	i and nem is

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
MGB	Diving C. Castro Udg	18:220 West Divie How	<u>L</u> Add
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ative date if other	ar than the date of fi	ilina:		(optional)	
effective date is listed	er than the date of fi	and cannot be prior to c	tate of filing or more than 9	0 days after filing.) Purs	uant to 605.0
ument's effective d	ted in this block does nate on the Department	of State's records.	e statutory filing require	ments, this date with	not be fister
cord specifies a dela s filed.	iyed effective date, but	not an effective time	, at 12:01 a.m. on the ea	rlier of: (b) The 90t	h day after
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ed June	197 tm	2021_	•		
•	To the	\mathscr{A}			
	/ T777-				

Filing Fee: \$25.00