## 12100073147

(Requestor's Name) (Address)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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T. MATTHEWS

DEC - 8 2021

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT: RUG	que Triple	action Multi	Services
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Luguel Try	Name of Person  Ple Action Muli  Firm/Company	4 Services, LLC
		Address  Beach, Fl 3  City/State and Zip Code  10 Yahor, Com  to be used for luture annual report not	3401
For further information o	oncerning this matter, please e		
Xuguel J	15ersyl	ut ( <u>561) 329</u>	-/828 ne Telephone Number
Enclosed is a check for the	ne following amount:		
X \$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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	OF	21 Fr 199 FH 3: 26
Ruguel Triple ac	Liability Company as it now appears of Florida Limited Liability Company)	ices, Lhc
The Articles of Organization for this Limited Liabi Florida document number <u>L2100023</u> ,	lity Company were filed on $\underline{\mathcal{D}_{c}}$	1/13/202/ and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, <u>enter the new name of th</u> N/H	<del></del>	
MA The new name must be distinguishable and contain the word:	s "Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	1DDRESS)	
	<del></del>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<del></del>	
B. If amending the registered agent and/or regi		ords, enter the name of the new registered
	u (In-	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	la sireer address
-	Cuv	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cny

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 Name
Address

Type of Act

Type of Act

Type of Act

West Palm Beach, Fl 33401 Kemove Type of Action Title \_\_\_\_\_\_ □Change □Remove \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗀 Add \_\_\_\_\_\_ Change \_\_\_\_\_ 🗆 🗀 Add \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ Change

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ctive date if other than the date of filing	(anti-nal)
effective date is listed, the date must be specific and cannot be pri	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207
1) If the date inserted in this block does not meet the appl iment's effective date on the Department of State's record	heable statutory filing requirements, this date will not be listed as
seems the state of the separation of state steems	45.
ord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
November 17th 2021	1
1 100 encount 11	<u>.                                    </u>
Menantha a member or ant	thorized representative of a member
	•

Filing Fee: \$25.00