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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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NC : Am

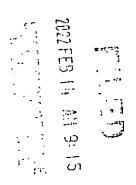
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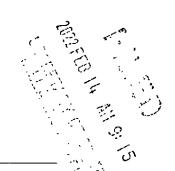
COVER LETTER

TO: Registration So Division of Con		, ,	,
#I MOLD	CHECK SERVICES LLC	·	:
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PRISCILLA BATISTA		
		Name of Person	
	#1 MOLD CHECK SERV	TCES LLC	
		Firm/Company	
	6230 SW 30TH ST		
		Address	
	MIRAMAR, FL 33023		
		City/State and Zip Code	
	primor235@gmail.com	to be used for future annual report noti	<u></u>
For further information c	oncerning this matter, please c		iteations
Priscilla Batista		786 970-3795	
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne following amount:		2022 FEB
T \$25.00 Filing Fee	S \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	,

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



#1 MOLD CHECK SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lunited Liability Company)

A. If amending name, enter the new name	of the limited liah	oility company her	:
#1 MOLDCHECK SERVICES, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3519 WEST ATLANTIC BLVD SUITE 1206	
(Principal office address MUST BE A STREET ADDRESS)		POMPANO BEACH, FL 33069	
Enter new mailing address, if applicable:		3519 WEST ATLANTIC BLVD SUITE 1206	
THE PARTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF TH		POMPANO BEACH, FL 33069	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office :		100
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : <u>ess here</u> :	address on our rec	ords, <u>enter the name of the new register</u>
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office : ess here: PRISCILLA B	address on our rec	ords, <u>enter the name of the new register</u>
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : ess here: PRISCILLA B	address on our rec ATISTA TLANTIC BLVD SU	ords, enter the name of the new register
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office : ess here: PRISCILLA B. 3519 WEST A'	ATISTA TLANTIC BLVD SU Enter Floride	ords, <u>enter the name of the new register</u>
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or registered office address of New Registered Agent:	registered office : ess here: PRISCILLA B	ATISTA TLANTIC BLVD SU Enter Floride	ords, enter the name of the new register OTTE 1206 a street address
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office : ess here: PRISCILLA B. 3519 WEST A' POMPANO BE	ATISTA TLANTIC BLVD SU Enter Florida EACH City	ords, enter the name of the new register

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>	Name	Address	Type of Action
AMBR	PRISCILLA BATISTA	3519 WEST ATLANTIC BLVD SUITE 1206, PON	
			□Remove
			□Change
			□Add
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Effecti	ve date if other than the date of filing: (optional)
Note:	ve date, if other than the date of filing: (optional) ctive 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	2022
	maille Mats
	Signature of a member or authorized representative of a member
	PRISCIELA BATISTA
	Typed or printed name of signee

Filing Fee: \$25.00