L21000294133

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of 4/9/2022

COVER LETTER

C. F. I. D. C.	RE CAR MILTIPLE SERVICI	ES LLC .	
SOBILCT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	SYLVESTRE MARTINE		
		Name of Person	- , <u>-</u>
	SYLVESTRE CAR MILT	IPLE SERVICES LLC	
		Firm/Company	
	140 NE 67 ST		
		Address	
	MIAMI, FLORIDA 33138		
		City/State and Zip Code	
	martinesylvestre68@gmail.		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
SYLVESTRE MARTIN	F.	305 496 9236	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for th	ne 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 radditional copy is enclosed)

Mailing Address:

Registration Section

Division of Corporations

TO:

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

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**

FILED

SYLVESTRE CAR MILTIPLE SERVICES LLC

2022 MAR 23 AM 7: 37

(A F	orida Limited Liability Company) TALL.	UF STATE MASSEE, FL
he Articles of Organization for this Limited Liabili orida document number 1.21000294133	ity Company were filed on 06/24/2021	and assigned
his amendment is submitted to amend the followin	g:	
. If amending name, enter the new name of the	limited liability company here:	
YLVESTRE CAR MILTI SERVICES LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable	: <u>N/A</u>	
Principal office address MUST BE A STREET A	DDRESS)	
		
nter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
. If amending the registered agent and/or regist gent and/or the new registered office address he	tered office address on our records, <u>enter the nar</u> re:	ne of the new regi
Name of New Registered Agent:	/A	
New Registered Office Address:	Enter Florida street address	
	PARTON P. D. P. CONTROL AND D. D. B. G. GALLETT C. C. C.	
	Florida	Zip Code

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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
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<u>te:</u> If t	date, if other than the date of filing: 23 22 (optional) we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
cord sp s filed.	pecifies 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	03/16/2022.
	Signature of a member or authorized representative of a member
	Justification a memory of attention of a memory