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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	· · ·
(City.	/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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11-10

COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT: <u>AY CU</u>	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Etwanda Benjaman
	arand The Clash Multi-Service UC
	4/1052 Vergara Ct Address
	Crlando FL 32800 City/State and Zip Code
2	E-mail address: (to be used for Juture annual report notification)
For further information conc	erning this matter, please call:
AlonZo Name of Pe	at (321) 217-1880 Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	Street Address: tion Registration Section

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 Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company w	ere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	breviation "L.L.C."
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 ad	dress on our records enter the name	o of the new registers.
agent and/or the new registered office address here:	areas on our records. enter the nam	e of the new registered
Name of New Registered Agent:		1 m 1
		:
New Registered Office Address:	Enter Florida street address	· ·
	, Florida	lari.
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		··
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as pr	erformance of my duties, and I am f	amiliar with and

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>	Name	Address	Type of Action
mbh	Alonzo Scott	Ulusa Vergara (+ Orlando Fel 32301	🗹 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
TV	re in ly change we're maling is
0.00	ting Alonzo rat as the runer
a	
07	- around the Clack multi-service LLC.
	
,	
	
	
F Effective de	ate, if other than the date of filing: (optional)
(If an effective of	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)(8)
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	·
If the record spec	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is filed.	,
Dated	<u>14 28</u>
_	Signature of a member or authorized representative of a member
	Signature of a memory of a memory of a memory
	Etwanta Benjamin
_	Typed of printed name of signer