L21000411380

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
CITED IN CORP	ERVICES LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JORGE BARRANTES		
		Name of Person	
	BJ NATIONWIDE SERV	ICES INC	
		Firm/Company	
	30420 S DIXIE HWY		
		Address	
	HOMESTEAD FL 33030		
		City/State and Zip Code	
	bjservices1028@gmail.com	•	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
JORGE BARRANTES		305 242-2232	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the 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 (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration S	
Division of G P.O. Box 63	Corporations 27	Division of Co The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACERE SERVICES LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L21000411380	Company were filed on 09/16/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		SE Vregistered
Name of New Registered Agent:		
New Registered Office Address:		- 100 - 10 - 10 - 10 - 10 - 10 - 10 - 1
	Enter Florida street address	THE ST ST
	, Florida	
	Ciţy	Zip Code

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

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
MGR	STEVEN MAJOR	820 N FRANKLIN AVE # G	□Add
		HOMESTEAD, FL 33034	■Remove
			□ Change
AMBR	STEVEN SCOTT-MAJOR	820 N FRANKLIN AVE # G	■Add
		HOMESTEAD, FL 33034	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□ Remove
			[]Change

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ffective date, if other than the	late of filing.			
an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be prock does not meet the app	dicable statutory films	(optiona ore than 90 days after filing requirements, this day	
record specifies a delayed effective is filed.	date, but not an effective	e time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ated AUGUST 22nd	, 2022	·		
1 Janua	ignature of a member or au	sharing days		
YADIRA MUNOZ	-Engrance of a memoer of at	amonzed representative (oi a member	_