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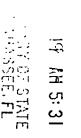
(Requ	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
		<u> </u>

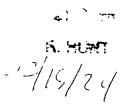
Office Use Only



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09/19/24--01010---022 **80.00





COVER LETTER

TO:	Registration Sect Division of Corpo			
CHD IEA		EYES MULTI-SERVICES I	LC	
SUBJE	~!: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspond	dence concerning this matter	to the following:	
		LUZ MYRIAM REYES C	UBILLOS	
			Name of Person	
		NOTARIA TA & APOST	ILLA	
			Firm/Company	
		150 SOUTH PINE ISLAN	D RD SUITE 335	
			Address	
		PLANTATION, FL 33324		
			City/State and Zip Code	
		notaria@notaria1a.net	to be used for future annual report notificat	ion
Use firet	ur information cor	icerning this matter, please co		
	Name of F		Area Code Daytime Te	50, dephone Number
Enclosed	I 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 Address: Registration Se	etion	Street Address: Registration Section	o

Mailing Address:
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

FLORIDA REYES MULTI-SERV						
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited I lorida document number 1.21(00)434549	iability Company	were filed on 10/0	14/2021	aı	nd assig	ned
his amendment is submitted to amend the fol	lowing:					
. If amending name, enter the new name o	of the limited liab	ility company her	<u>·e</u> :			
OTARIA 1A & APOSTILLA LLC						
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the a	bbreviati	on "L.L.	C."
Inter new principal offices address, if appli	cable:	150 SOUTH PIN	E ISLAND RD SUIT	E 335		
• • •		PLANTATION.	F1. 33324			
				_	 .	
nter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE	E BOX)					
				3	***************************************	1.1
				mu m	υ Σ	("")
. If amending the registered agent and/or	• •	address on our re	cords, <u>enter the na</u>			registe
<u>gent and/or the new registered office addre</u>	ess here:			L -4	=	
Name of New Registered Agent:	LUZ MYRIAN	4 REYES			•	
	150 SQLTTU P	NE ISLAND RD S	LITTE 335			
New Registered Office Address:	130 300311111		da street address	_		
	PLANTATION	i	, Florida 3	3324		
		City		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 601, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirminat the limited liability company has been notified in writing of this change.

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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			🖸 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			[] Change
			□Add
			□Remove
		-	□Change
			□ Add
			□Remove

H	ORIDA REYES MULTI-SERVICES to our currents NOTARIA 1A & APOSTILLA LLC
sinc	e all of our work and commercial activity is identified as such. Than you.
_	
_	
	date, if other than the date of filing:(optional)
<u>::</u> If i	ve 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 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
iment	's effective date on the Department of State's records.
	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
filed.	
ed	04-23-2024
	History Lives

Filing Fee: \$25.00