LZI 000467682

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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T. MATTHEWS

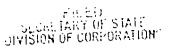
JUL 27 2022

COVER LETTER

	egistration Se ivision of Cor			•				
CHO HIVE		GLADIS SERVICES LLC						
SUBJECT	;	Name of Lim	ited Liability Company					
The enclos	ed Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please retu	rn all correspo	ndence concerning this matter	to the following:					
		RÖGER A MATUTE RUI	Z					
			Name of Person					
		ROGER & GLADIS SER	VICES LLC					
			Firm/Company					
		2704 IDA WAY						
			Address					
		WEST PALM BEACH, F	_ 33415	Name of Person S LLC Firm/Company Address 15 by/State and Zip Code used for future annual report notification)				
			City/State and Zip Code					
		rogermatute09@hotmail.co						
For further	information c	e-mail address: (oncerning this matter, please c		(nication)				
ROGER A	MATUTE RU	JIZ		<u>:</u>				
Name of Person		Area Code Daytir	ne Telephone Number					
Enclosed is	a check for th	ne following amount:						
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy				
	ailing Addres			oution				
	egistration S ivision of C	Section forporations	Registration Se Division of Co					
P	.O. Box 632	.7	The Centre of	Tallahassee				
T	allahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 23 AM 10: 08

ROGER & GLADIS SERVICES LLC

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

(A Frontia Limited Lia	thirty Company)	
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{1.21000467682}{1.21000467682}$.	ere filed on 10/27/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited 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 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 adeagent and/or the new registered office address here:	dress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
	 City	. Florida
New Registered Agent's Signature, if changing Registered Agent:	Cig	ар хонх

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	ROGER A MATUTE RUIZ	2704 IDA WAY WEST PALM BEACH, FL 33415	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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<u>Note:</u> If	f the date in	serted in this b	ee date of filir ust be specific ar block does not Department of	meet the a	pplicable sta	f filing or more tutory filing re-	doption (option) (opt	onal) filing.) Pursuant to s date will not be	o 605,0207 e Elisted as t
record: d is filed	.1		ive date, but no	ot an effect	ive time, at 1	2:01 a.m. on the	ne earlier of: (b) The 90th day	after the
Dated _	05/	22/		20	22				
	/1	1	_						
	·	<i>~</i> ~ <u> </u>					 ,		_
	(Signature of a	a membeç or	authorized re	presentative of a	member		

Filing Fee: \$25.00