# 121000499486

(Requestor's Name)  (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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2021 DEC -7 AM 8: 5: SECRETIAN CONTRA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A E. T. E. F. C. C. SCIVICE LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jorge E. Ducate Contreras
ART EFFICIENT Services LLC Firm/Company
7661 Links Crescent Dr Apt 4300, Oile
Orlando FL 32822 City/State and Zip Code
Jergelica hot mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jorge E Donte Controlls at 407, 443 3695  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee  S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status  Certified Copy

Mailing Address:
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

ART EFFICIENT	Services LATTOEC-7 AM 8:59
(Name of the Limited Liability Company (A Florida Limited Lia	ras it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	rere filed on 1/22/21 and assigned
Florida document number <u>L 21000499486</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
NA	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A M
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N A
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	Florida

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jorge G. Duarte Contra	as 766/Links Crescent Diapty Orlando FL 32822	300 t√Add
			□ Change
			□Add
			□Remove
			Change
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			□Remove
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an effect ote: If	e date, if other than the date of filing:
record : is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ited	Povember 29 . 2021
	// / / /
	Signature of a member of authorized representative of a member