## h21000499500

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T. MATTHEWS

JAN 10 2022

## COVER LETTER

TO:

**Registration Section** 

Division of Cor	porations		
	tuple Services, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hector R. Vargas		
		Name of Person	· <del>-</del>
	Bory's Multiple Services, I	LLC	
	·	Firm/Company	
	222 Panorama Drive		
		Address	
	Winter Springs		
		City/State and Zip Code	
	FL 32708		
	E-mail address: (	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Hector R. Vargas		407 409-1316 at ( )	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO' ARTICLES OF ORGANIZATION OF

21 000 15 PH 3: 31

Bory's Multiple Services, LLC

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

(A Florida Limited Liability Company)

· <del></del>	(A Florida Limite	d Liability Company)	<del></del>
The Articles of Organization for this Limited I	Liability Compar	ny were filed on 11/22/2021	and assigned
Florida document number L21000499500	,		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lis	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.		e address on our records,	enter the name of the new register
Name of New Registered Agent:	N/A: It will re	emain the same name as orig	nal document; Hector R. Vargas
New Registered Office Address:	N/A		
		Enter Florida street	address
			, Florida
·		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 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
AMBR	Alicia Vargas	222 Panorama Dr. Winter Springs FL, 32 807	□Add
			■Remove
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			□Remove
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ctive date, if other than the effective date is listed, the date must	t be specific and cannot be prior to	date of filing or more than	(optional) 00 days after filing.) Pursuan	it to 605.020
e: If the date inserted in this blo ament's effective date on the De		le statutory filing require	ments, this date will not	be listed a
cord specifies a delayed effective	e date, but not an effective tim	e, at 12:01 a.m. on the ea	urlier of: (b) The 90th d	ay after th
filed.		<i>1</i>		
December 1,	2021	/		
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		/ #1 ^	<b>\</b>	
	Signature of a member or authori	zed representative of a plen	) <del></del>	