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(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	····
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS MAY 18 2022

COVER LETTER

TO:

C&O REPAIR AND	MAINTENANCE SERVICES LI	rc ,		
Name of Limi	ted Liability Company			
Amendment and fee(s) are sub-	mitted for filing.			
ondence concerning this matter	to the following:			
JEN	NY C. CASTRO ROMERO			
	Name of Person			
C&O REPA	AIR AND MAINTENANCE SEF	RVICES LLC		
-	Firm/Company			
502 SW 187	TH AVE APT. 209			
	Address			
M	IAMI, FL 33135			
	City/State and Zip Code			
	* *	stification)		
		Anteuron,		
MERO	954 355-8075			
Name of Person		me Telephone Number		
the following amount:				
☐ \$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)		
Section	Street Address: Registration S Division of C			
27	The Centre of	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Name of Limitation of Amendment and fee(s) are substantial production of Person Name of Limitation (See Substantial Concerning this matter) Name of Limitation (See Substantial Concerning this matter) C&O REPA 502 SW 187 Carolinacastre E-mail address: (Concerning this matter, please of MERO) of Person the following amount:	C&O REPAIR AND MAINTENANCE SERVICES LI Name of Limited Liability Company Tamendment and fee(s) are submitted for filing. Dendence concerning this matter to the following: JENY C. CASTRO ROMERO Name of Person C&O REPAIR AND MAINTENANCE SER Firm/Company 502 SW 18TH AVE APT. 209 Address MIAMI, FL 33135 City/State and Zip Code carolinacastro1027@gmail.com E-mail address: (to be used for future annual report not concerning this matter, please call: MERO 954 355-8075 at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		TENANCE SERVICE		
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	
he Articles of Organization for this Limited Li lorida document numberL22000016165	ability Company	were filed on01/	07/2022	and assigned
his amendment is submitted to amend the following	owing:			
a. If amending name, enter the new name o	f t <u>he limited lia</u> t	oility company here:		
∛A				
he new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Cnter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>
		N/A		
Enter new mailing address, if applicable:				
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>			
				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office <u>ss here</u> :	address on our reco	ords, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:	LILIAN VELAZQUEZ RIVERO			
New Registered Office Address:	1905 BRIGH	T DR		
new regimered oring radios.		Enter Florida	street address	
	HIALEAH		, Florida	33010
		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 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>	Name	Address	Type of Action
AMBR	JENY C. CASTRO ROMERO	502 SW 18TH ST APT, 209 MIAMI, FL 33135	\ Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date must	date of filing:		(0	ptional)	
f an effective date is listed, the date must Note: If the date inserted in this bloom	be specific and cannot be p ock does not meet the ar	prior to date of filing	or more than 90 days t filing requirements,	this date will not be	605.020 listed a
document's effective date on the De	partment of State's reco	ords.	2 .		
record specifies a delayed effective	date, but not an effecti	ve time, at 12:01 a	.m. on the earlier o	f: (b) The 90th day a	after the
rd is filed.					
ADDII CTU	2022				
Dated		<u> </u>			
		Jan			
		ik y			_
	Signature of a member or	authorized represent	ative of a member		

Contraction of the second

Filing Fee: \$25.00