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(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: COUNTY to COUNTY SON SERVICES LUC.  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:
Sandra Dung Name of Person
COUNTY to COUNTY SIND SERVICOS LLC
3401 NW 6th Ct
Lauderhil FL 33311  City/State and Zip Code  VOUNG. Sandra UCO KNOO. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Jours at (454) 358-7066  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

FILED

2022 JUN 21 PM 1: 08

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company w	ere filed on	14/2022	and assigned
Florida document number <u>L 22 0000</u>	31249			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liabili	ty company here	:	
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the desig	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:			<del> </del>	
(Mailing address MAY BE A POST OFFICE BC	<u> </u>			
B. If amending the registered agent and/or regingent and/or the new registered office address because in the new registered of the new registered agent and/or registered agent and/or registered of the new registered o		dress on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	<del></del>			
New Registered Office Address:	<u> </u>	Enter Florida	street address	<del></del>
			. Florida	_
	<del>-</del>	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
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		2401 NW 6th Ct Lauderhill FL 33311	Remove
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an effective date is listed, the date must be specific and cannot be prior to date	ate of filing or mor	e than 90 days after	r filing.) Pursuant to	605.0207
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record specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on	i the eartier of: {c	o) The 90th day a	mer the
ated $2022, 17.00$				
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Signature of a member or authorized	d representative of	f a member		
Canalica Maine	16			