LZZ000035302

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S. PRATHE

COVER LETTER

TO:

	gistration Se vision of Cor			
0115 m 670		NIARTE SERVICES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ELIZABETH LOZANO		
			Name of Person	
		E&A INGENIARTE SER	VICES LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1110 N 31 ST CT H		
			Address	
			City/State and Zip Code	
		HOLLYWOOD FL 33021	•	
		E-mail address: (to be used for future annual report notification	(ac
For further	information c	oncerning this matter, please ca	all:	
ELIZABET	TH LOZANO		786 7605732	
Name of Person				ephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Section	1
Registration Section Division of Corporations		orporations	Division of Corpora	ations
	O. Box 632		The Centre of Talla	
l a	allahassee, I	*L 32314	2415 N. Monroe St	reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&A INGENIARTE SERVICES LLC

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

(A Florida Limited Liability Company)

	(A Florida Limited L	iability Company)		C 25 65
The Articles of Organization for this Limited L Florida document number L22000035302	iability Company	were filed on JANU	ARY 18 2022	_ and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the desig	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		1110 N 31 ST CT, HOLLYWOOD, FLORIDA 33021		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		H10 N 31 ST CT, HOLLYWOOD, FLORIDA 33021		
(Mailing address MAY BE A POST OFFICE	BOX)			<u>-</u>
B. If amending the registered agent and/or agent and/or the new registered office addre	•	ddress on our reco	rds, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	1110 N 31 ST C	CT,		
New Registered Office Address.	Enter Florida street address			
	HOLLYWOOD)	Florida 3302	1
	City			Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my provided for in Cha	: duties, and I am far upter 605, F.S. Or, if	niliar with and this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOHN ALEXANDER MANRIQUI	1110 N 31 ST CT, HOLLYWOOD, FLORIDA 3302	l ≣Add
			□Remove
			□Change
			🗆 Add
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E. Effective date, if other (It an effective date is listed. Note: If the date inserte document's effective da	the date must be specific a d in this block does no te on the Department o	and cannot be prior to t meet the applicab f State's records.	date of filing or more le statutory filing re	quirements, this date) Pursuant to will not be	listed a	s the
record is filed.				` '	∑∵		
Dated APRIL 20,	.— E78• 1	2022	. •		LLAHA LLAHA	2022 APR 28 AH 8: 48	
-	Signature of	a member or authori	y zed representative of a	ı member	CALIARY OF STAIL	R 28	FILED
ELIZABETI					FLOF FLOF	AM 8	0
		Typed or printed	name of signee		DA	91:	

Filing Fee: \$25.00