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HALLAHASSEE, FLORIDA

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COVER	LETTER
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TO: Registration Section Division of Corporations

SERVICES E & C LLC

SUBJECT:

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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 ELEJALDE

Name of Person

SERVICES E & C LLC

Firm/Company

7157 NARCOOSSEE # 1415

Address

ORLANDO, FL 32 822

City/State and Zip Code

magalynfms@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA ELEJALDE

Name of Person

407 -460-2310 at (_____)____

r of Peison

(_____) Area Code — Daytime Telephone Number

Enclosed is a check for the 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 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 FILED ARTICLES OF ORGANIZATION OF 2024 NOV 14 PM 12: 1.5

	1112.40
SERVICES E & C LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our ecords (ASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on <u>02/02/2022</u> and assigned
Florida document number 1.22000058034	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
S. If unchang mane <u>ency de new name of the maneer and</u>	
The new name must be distinguishable and contain the words "Limited Liabi	Provide the state of the state
The new name must be distinguishable and contain the words "Lamited Liaba	my company. The designation first of the appreviation first,
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	7157 NARCOOSSEE ROAD # 1415
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32822
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	

New Registered Office Address:	757 NARCOO	SSEE ROAD # 1415	
		Enter Florida s	treet address
	ORLLANDO	Orlando	, Florida ³²⁸²²
		Cùy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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.

<u>Exildia</u> <u>Elejabe</u> If Changing Registered Agent, <u>Signature of New Registered Agent</u>

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	OSCAR CASANOVA	3555 RODRICK CIRCLE	□Add
		ORLANDO, FL 32824	
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			🗆 Add
		<u></u>	🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

If the record specifies a delayed effective date, but not an effective time, at 12:03 a.m. on the earlier of: (b) The 90th day after the record is filed.

OCTOBER 31 2024 Sardia Elejalde Signature of a member of a uthorized representative of a member

SANDRA ELEJALDE

Typed or printed name of signce