

h22 000093576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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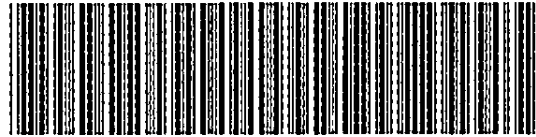
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 29 AM 11:31

T. MATTHEWS

JUN 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OBREGON SERVICES, LLC

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:

GRETTEL OBREGON CANGAS

Name of Person

OBREGON SERVICES, LLC

Firm/Company

11849 SW 184 ST

Address

MIAMI, FLORIDA 33177

City/State and Zip Code

gretter25@hotmail.com

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

For further information concerning this matter, please call:

GRETTEL OBREGON CANGAS

786 238-5777
at ()

Name of Person

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
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 APR 29 AM 11:31

OBREGON SERVICES, LLC

(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 Liability Company were filed on 02/15/2022 and assigned
Florida document number L22000093576.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET 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 registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GRETTEL OBREGON CANGAS	11849 SW 184 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA	<input type="checkbox"/> Remove
		33177	<input type="checkbox"/> Change
PRES	GRETTEL OBREGON	11849 SW 184 ST	<input type="checkbox"/> Add
		MIAMI, FLORIDA	<input checked="" type="checkbox"/> Remove
		33177	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

02/16/2022

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 13 APR 2022

Signature of _____

Signature of a member or authorized representative of a member

GRETTEL OBREGON CANGAS

Typed or printed name of signee