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(Requestor's Name)
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SI CRETARY OF STATE STATE STATES OF CORPORATIONS

T. MATTHEWS

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	DRPORATE MULTIPLE SER	VICES, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	EBERTH PEREZ			
		Name of Person		
		Firm/Company		
	1440 SE 15TH STREET A	APT 21		
		Address	 	
	FORT LAUDERDALE, F	LORIDA 33316		
		City/State and Zip Code		
	PEREZ.EBERTH@GMAI			
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all;		
EBERTH PEREZ		954 9376058 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	nc 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		Street Address:	action	
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF SECRETARY OF STATE OF STATE OF STATE OF STATE OF STATE

PEREZ CORPORATE MULTIPLE SERVICES, LLC

22 MAY 10 PM 3: 17

If Changing Registered Agent, Signature of New Registered Agent

(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 v	were filed on	and assigned
Florida document number L22000169521		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
B. If amending the registered agent and/or registered office adent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fa rovided for in Chapter 605, F.S. Or, ij	miliar with and this document is

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>	Address	Type of Action
MGR	EBERTH PEREZ	1440 SE 15TH STREET APT 21	≣∧dđ
		FORT LAUDERDALE, FLORIDA 33316	□Remove
			🗆 Change
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ffecti	ve date, if other than the date of filing: (optional)
	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locum	ent's effective date on the Department of State's records.
record d is tib	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	,,
	Signature of amember or authorized representative of a member
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