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T. MATTHEWS

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT:	Pos - Pool Name of Lim	Services LUC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspon	ndence concerning this matter	to the following:	
	hot	DECTO ACQUENTO Name of Person	
	Casa Hispo	nna de Multiservie	ios INC.
	<u>4100 Conf</u>	Polate SQ Suite 1 Address	Z Q
	Nap	165, FL 34104 City/State and Zip Code	
	Casanis Pana (E-mail address:	de Multisecvicies and be used for future annual report notif	<u>amail-Com</u>
For further information ec	oncerning this matter, please ca	all:	
Probetto Name of		at (<u>73a</u>) <u>610</u> Area Code Daytime	- 09 20 Telephone Number
Enclosed is a check for th	e following amount:		
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION FILE OF STATE OF OF ORPORATION OF CORPORATION

Pos-P	001 Services	22 MAY -6	AH 9: 30
(Name of the Limited Li	ability Company as it now appea orida Limited Liability Company)	rs on our records	_)
The Articles of Organization for this Limited Liabili Florida document number <u>L7200017001</u>		05/03/	2027 and assigned
This amendment is submitted to amend the following	j.		
A. If amending name, enter the new name of the	limited liability company h	ere:	
The new name must be distinguishable and contain the words	Limited Liability Company," the o	lesignation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our r <u>-e</u> :	ecords, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
_	Circ	, Flo	rida Zip Code
	ϵur		$x_{ij'} \in oac$

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 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
MGh	<u> Eergrado A Posada</u>	marin 2750 Injet cove	LN SW □Add
		Maries, FL 34120	□Remove
			X Change
			🗆 Remove
			□Change
			□Add
			□Remove
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n effective date i te: If the date	s listed, the date	must be specific s block does n	and cannot bot meet the	oe prior to date of applicable statuecords.	filing or n	iore than		fter filing.) P		
ecord specifies is filed.	a delayed effec	ctive date, but	not an effec	ctive time, at 12	!:01 a.m.	on the e	arlier of:	(b) The 9	Oth da	y after the
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		Signature o	of a member of	or authorized repr	resentative	of a me	nber			