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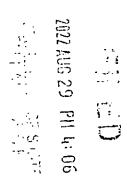
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COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

AR ALL SI	ERVICES IN ONE LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JORGE J ALICANO			
		Name of Person		
	AR ALL SERVICES IN C	NE LLC		
	 	Firm/Company		
	2 SQUASH BLOSSOM T	RAII.		
		Address		
	PALM COAST, FL 32164			
		City/State and Zip Code	10.0.10	
	arallservicesinone@gmail.c			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
JORGE J ALICANO		321 2761136		
Name of Person		Area Code Daytii	me Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ection	
Division of C		Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- D

AR ALL SERVICES IN ONE LLC

2022 AUS 29 PH 4: 06

(Name of the Limited Li (A F	iability <u>Company as it now app</u> lorida Limited Liability Compan	ears on our records.) y)	. aj ștyvi
The Articles of Organization for this Limited Liabili Florida document number <u>L22000177274</u>		04/12/2022	and assigned
This amendment is submitted to amend the following	<u>।ह</u> :		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," th	ne designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	·:		
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regis	tered office address on ou	r records, enter the	name of the new registered
agent and/or the new registered office address he			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 1	Florida street address	
_	4.	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regis			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the register company has been notified in writing of this change	nd complete performance ed agent as provided for i stered office address, I he	of my duties, and Lo n Chapter 605, F.S.	am familiar with and Or, if 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>	Address	Type of Action
MGR ROJAS, EDWIN R		OJAS, EDWIN R 2 SQUASH BLOSSOM TRAIL	
		PALM COAST, FL 32164	■Remove
			□Change
MGR	MENDEZ, ANDREA	2 SQUASH BLOSSOM TRAIL	□Add
		PALM COAST, FL 32164	≣Remove
			☐ Change
			□ Add
			□Remove
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If an effective Note: If th	ate, if other that date is listed, the date date inserted in t effective date on	te must be specific his block does n	and cannot be post of meet the ap	prior to date of oplicable state			ing.) Pursuant to 6	
ne record spe ord is filed.	cifies a delayed ef	fective date, but	not an effecti	ve time, at 12	t:01 a.m. on the	earlier of: (b)	The 90th day af	ter the
07/0 Dated	1/2022		12:01 a	. m				
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