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COVER LETTER

	istration Se sion of Cor		, ,	• "		
OUD HEAT	WILLY RESTORATION SERVICES LLC					
SUBJECT:		Name of Lin	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter	-			
		SHAMAINE SALCEDO				
		-	Name of Person			
		MULTI SERVICIOS LAT	TINO AMERICA LLC			
			Firm/Company			
		3755 TAMIAMI TRAIL S	STE В	22 AUG 1 1		
			Address			
		PORT CHARLOTTE, FL	33952			
			City/State and Zip Code			
			NOAMERICA@YAHOO.COM	ification) 5.		
B 6 3 5	r .		to be used for future annual report not	ification)		
For further in	formation c	oncerning this matter, please c	all:			
GUILLERM	O FREYRE	LLANOS	941 527-6180 at ()			
_	Name o	f Person		ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
≡ \$25.00 F	iling 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)		
•						
Reg	ling Addres gistration 5 ision of C	Section	Street Address: Registration Sc Division of Co			
Division of Corporations P.O. Box 6327		The Centre of				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLY RESTORATION 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 $\frac{04/18/22}{1}$ and assigned Florida document number <u>L22000182392</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida ___

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	<u>Address</u>	Type of Action
MGR	ALFREDO A NAVARRO	7809 ILIAD AVE HUDSON FL 34667-1236	≣ Add
		.	□Remove
			□Change
			22 Mag 1 Add AH 6 move
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ffective date, if other than the dian effective date is listed, the date must be to the date inserted in this bloc ocument's effective date on the Dep	k does not meet the applica	o date of filing or more than solling require	(optional) 20 days after filing.) Pursuant to 605 ements, this date will not be liste	.0207 ed as
record specifies a delayed effective d is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the ca	arlier of: (b) The 90th day after	r the
07/20 Dated	2022			
Zuillams	INT			
CA JULY CONTON				

Filing Fee: \$25.00