## 122000188461

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

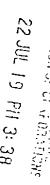
Office Use Only



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S. <sub>CHATHAM</sub> OCT 1 0 2022

07/19/22--01027--030 \*\*25.00



## **COVER LETTER**

Registration Section

TO:

Division of Corporations		
SUBJECT: LO Services LI		·
Name of this	inico manning Company	
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Lorenas	Placeres Name of Person	······
LO Servi	G S L C	
7442 Br	nch St Address	
Hollywace	FL 33024 City/State and Zip Code	
<u> </u>	(to be used for future shinual report notif	fication)
For further information concerning this matter, please of	call:	
Name of Person	at (786) 5i4- Area Code Daytime	8250 e Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigcup \text{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	Street Address: Registration Seconds of Cor	porations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of T 2415 N. Monroe	allanassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 a springs 110

LO SELVIUS CL			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
	$(1) \sim 1 \sim 1$		
This amendment is submitted to amend the following:			
Florida document number			
The new name must be distinguishable and contain the words "Limited Liab	bility Company." the designation "L.L.C." or the abbreviation "L.L.C."	_	
Enter new principal offices address, if applicable:	201 NW 78th "Apt \$ 205		
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines FL 33024		
Enter new mailing address, if applicable:	201 NW 78th Ter APPOH 205	<u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)	Rembroke Vines FL 33004	_	
		tered	
agent and/or the new registered office address nere.	38		
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Florida street address		
	<del></del>	_	
Name Dogictored Agent's Cinentum of abanding Designand Agent			
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	te performance of my duties, and I am familiar with and		

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>	Address	Type of Action
MUR	Lorera Placeres	201 NW 78th Ter AP+#205 Pembrore Pines, FL 33024	Yodd
		Pembrore Pines, FL 33024	<u> </u>
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or  ote: If the date inserted in this block does not meet the applicable statutory file  cument's effective date on the Department of State's records.		lling.) Pursuant	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	n, on the earlier of: (b)	The 90th da	y after the
ned 57/13/22.			