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COVER LETTER

	ration Section on of Corporations
M. SUBJECT:	AC Multiservices International ELC
	Name of Limited Liability Company
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Mario Cardona
	Name of Person
	Firm/Company
	1221 S. Bay St.
	Address
	Eustis FL 32726
	City/State and Zip Code
	macflooringinstaflers@gmail.com
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
Mario Cardona	407 914-5044 at (
	Name of Person Area Code Daytime Telephone Number
linclosed is a che	eck for the following amount:
≘ \$25.00 Fifin	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	1022 1.1.1	
MAC Multiservices International LLC			٠ ١
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	MZZ JUN 17 PM	
The Articles of Organization for this Limited Liability C	Company were filed on 04/28/2022	二二 and assigned	
Florida document number 1.22000201620	<u>_</u> .	ATE A10.	
This amendment is submitted to amend the following:		,	
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviation "L.I. C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the nam	10 of the new register	ed
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zip Code	

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>	<u>Name</u>	Address	Type of Action
MGR	Mario A. Cardona	1221 S. Bay St	■Add
		Eustis FL 32726	□Remove
			☐ Change
			□Add
			□Remove
			ElChange
		·	□Add
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ective date, if other than the	date of filing:		(option	nal)
reffective date is listed, the date mute: If the date inserted in this becament's effective date on the D	ock does not meet the a	pplicable statutory fr	rmore than 90 days after ti ling requirements, this o	iling.) Pursuant to 605,020 date will not be listed as
cord specifies a delayed effectiv s filed.	e date, but not an effect	ive time, at 12:01 a.r.	n. on the earlier of: (b)	The 90th day after the
06/09 ed	2022			
plo	ner Cit)		~
	Signature of a member or	authorized representati	ve of a member	PART JUN 17
Mario A. Cardona				% ₹

Filing Fee: \$25.00