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COVER LETTER

	Registration S Division of Co					
SUBJECT	ENDICO	MULTISERVICES LLC				
SUBJEC.	·	Name of Lir	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub-	bmitted for filing.			
Please retu	un all corresp	ondence concerning this matter	to the following:			
		JOSE O BEJERANO				
			Name of Person			
ENDICO MULTISERVICES LLC						
FirmCompany						
	1051 SW 155TH AVE					
Address						
	MIAMI , FLORIDA 33194					
			City/State and Zip Code			
		JOB.BESTREALTOR@G				
15 25 .1			to be used for future annual report not	itication)		
hor further	· information c	concerning this matter, please c	all:			
JOSE O B	EJERANO		786 351-5841 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed a	s a check for th	ic 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 tadditional copy is enclosed)		
	ailing Addres		Street Address: Registration Se	ection		
D	ivision of C	orporations	Division of Corporations			
	O. Box 632 allahassee, l		The Centre of T			
1 (ananassee, 1	TL 02014	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FILED

ENDICO MULTISERVICES LLC

2022 JUN 10 AM 10: 05

(Name of the Limited Liability Company as it now appears on our records.) SECRE IN A TOP STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 05/10/2022 ____ and assigned Florida document number | 1.22000219086 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 "LLC" 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 , Florida __ 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. Thereby 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
P	BEJERANO, JOSE O	1051 SW 155TH AVE	□Add
		MIAMI, FI. 33194	
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			🗀 Add
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ffective	date, if other than the date of filing: (option ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f	nal) Sina) Puraiant to t	sus 0207
<u>iote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this	date will not be I	isted as
ocumen	t's effective date on the Department of State's records.		
record :	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day a	fier the
d is filed			
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d is filed	June 7+4 12022.		
d is filed	Dun 7th 12022.		
i is filec	Signature of a member of authorized representative of a member		

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Filing Fee: \$25.00