L22000231819

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COVER LETTER

TO:	Registration Se Division of Cor			-
SHRIE		RVICE PRO LLC		
SUBJEC	. I i	Name of Lin	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ALEXIS DIAZ		
			Name of Person	pany Sip Code To annual report notification) 8989889 Tode Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee
		AA&B SERVICE PRO L	LC	
			Firm/Company	
		61 AHMAD ST		
			Address	
		OPA LOCKA, FL 33054		
			City/State and Zip Code	
		AABSERVICEPRO@OU	TLOOK.COM	
		E-mail address: (to be used for future annual report no	otification)
For furth	ner information c	oncerning this matter, please c	all:	
ALEXIS	DIAZ		305 8989889	
	Name o	f Person		me Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Cartificate of Status	S55.00 Filing Fee & Cartified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Address		Street Address:	action
Registration Section Division of Corporations		· · · · · · · · · · · · · · · · · · ·		
	P.O. Box 632			•
	Tallahassee, I	FL 32314	2415 N. Moni	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AA&B SERVICE PRO LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	(y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on JANUARY 20, 2023	and assigned
Florida document number L22000231819	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
		2023
		· 5 23
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2
		, <u>p</u>
		ာ မှု
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	doffice address on our records, enter the nar	ne of the Rew registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	Florida	
	City	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 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	BERTHA FERNANDEZ	61 AHMAD ST OPA LOCKA. FL 33054	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			⊡Change
			🗆 Add
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ective date, if other that i effective date is listed, the date: If the date inserted in rument's effective date or	ate must be specific this block does n	and cannot be prior of meet the applic	able statutory fil	more than 90 days at	tional) ter filing.) Pursuant to his date will not be	605.020 listed a
ecord specifies a delayed c is filed.	ffective date, but	not an effective ti	me, at 12:01 a.m	on the earlier of:	(b) The 90th day a	ifter the
JULY 07		2023				

Filing Fee: \$25.00

Typed or printed name of signee