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(Requestor's Name)
(Address)
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COVER LETTER

Tallahassee, FL 32314

	Registration Sec Division of Corp			
SUBJEC		L SERVICE, LLC		
SOBJEC	-li <u></u>	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		JOSUE ALVARADO		
			Name of Person	
		NATIONAL SERVICE L	LC	
			Firm/Company	
		3201 NW 24TH STREET		
			Address	
		MIAMI FLORIDA 33142		
			City/State and Zip Code	·
		COCO@COCOTREESER	VICE.COM to be used for future annual repo	ort notification)
For furth	er information co	oncerning this matter, please co	•	7. 110
JOSUE A	ALVARADO		305 728-9- at ()	445
	Name of	Person	Area Code I	Daytime Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.6	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		<u>Street Addr</u> Registratio	
	Registration S Division of Co			f Corporations
	P.O. Box 632			e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONAL SERVICE, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	·
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/01/2022	and assigned
Florida document number L22000236755		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
		<u> </u>
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u> </u>	
		7.5
Enter new mailing address, if applicable:		25
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
The Regulated Strice Hadress.	Enter Florida street address	
	. Flori	ida
	City , FIOT	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>	Name	Address	Type of Action
Vice Pres	OLABODE AUGSTINE AJAGBE	9505 SW 136 STREET MIAMI FL 33176	■Add
			□Remove
			□Change
			🗆 Add
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			□ Change
			□ Add
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			□Change
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			□Change

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Effectiv	o6/01/2024 re date, if other than the date of filing: (optional)
(If an effect	re date, if other than the date of filing:
docume	nt's effective date on the Department of State's records.
docume	
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
the record cord is file	d.
the record cord is file	06-01-2024
the record cord is file	06-01-2024
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