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		10.
Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp	orations			
, SUBJECT: Manue	el VASquez	Land SERVIC	ES 1/1	? ノ
	Name of Line	ned Emonity Company		
	amendment and fee(s) are sub-			
, in the second		VASQUEZ ORI	ellang	
		Firm/Company		มหารีกัดมี 22 AUG
		59 TERR Address		<u> </u>
	Miami	FL 33/83		CORPORATIONS
	nal address:	FL 33/83 City/State and Zip Code Ye z 10dd a gma to be used for future almust report notifie	cil·com	: 21
For further information co	ncerning this matter, please ca			
Manuel D Name of	VASquez Oct	Area Code, Daytime	7160 Telephone Number	-
Enclosed is a check for th	e 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 Fe Certificate of St Certified Copy (additional copy is e	atus &
Mailing Address	s:	Street Address:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manuel Vasque 2	z Land	SERVIC	ES_	LLC	
(Nume of the Limited	d Liability Company A Florida Limited Lia	as it now appears on obility Company)	our records.)		
The Articles of Organization for this Limited Lia	bility Company w 25 41.99	ere filed on <u>06</u> ,	102/30	dand ass	signed
This amendment is submitted to amend the follow					
A. If amending name, enter the new name of Manue Vasquez Loir The new name must be distinguishable and contain the wo			CES uion "LLC" or t	LLC he abbreviation "L	.L.C."
Enter new principal offices address, if applica		_		2	
(<u>Principal office address MUST BE A STREET</u>	<u> ADDRESS)</u>			2 AUG	2 2
Enter new mailing address, if applicable:	ov.			\$ 1 1 AH 10	F 10 00 51
(Mailing address MAY BE A POST OFFICE B	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			2	- 1
B. If amending the registered agent and/or re agent and/or the new registered office address	s he <u>re</u> :			,	<u>w registered</u>
Name of New Registered Agent:	Mariel	D. Vasque Sw 59	02 0	rellana	
New Registered Office Address:	13435	SW 59 Enter Florida st	lERR reet address		
	_Miam	<i>J</i>	, Florida	a <u>33/83</u> Zip Code	
		Ciţy		zīp 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.

f 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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			ZZ AUG ITI
		/	
			AH Godd Allow Classical Control Contro
			□Change
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			Remove
			□Change

Effective date, if other than the date of filing: (optional) If an effective date, if other than the date of filing: (If the effective date is fissed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 905.028 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed addictanced a self-efficient date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated August P				_
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Signature of a member or authorized representative of a member			51: (b) The 90th day ar	ter me
Signature of a member or authorized representative of a member		1 / 0		
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Maria Donllana		Signature of a member or authorized representative of a member		
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