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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	
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COVER LETTER

	ision of Cor			
SURJECT	AMIRA IV	ANNA SERVICES, LLC		
Jebore I.		Name of Lin	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		NINOTCHKA HECHT		
			Name of Person	
		FAST FILING SERVICE	S LLC	
			Firm/Company	
		10450 NW 33RD ST STE	305	
			Address	
		DORAL FL 33172		
			City/State and Zip Code	
		fastfilingservices@gmail.co	om to be used for future annual report noti	C
Corfumboria	fo	oncerning this matter, please c		rication)
		oncerning this matter, please c	ait:	
Ninotchka H		<u> </u>	786 762-2048 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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 (additional copy is enclosed)
Reg Div P.O	ling Addressistration Sision of Co. Box 632	Section orporations 7		porations allahassee e Street, Suite 810
			Tallahassee, FL	32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

AMIRA	IVANNA	SERVICES,	LLC
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(Name of the Limit	ed Liability Compa (A Florida Limited	inv as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L Florida document number L22000258554	iability Company	were filed on	2 and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	3302 Santa Monica Dr.	
(Principal office address MUST BE A STREE	T ADDRESS)	Orlando, Florida 32822	
Enter new mailing address, if applicable:		3302 Santa Monica Dr.	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Orlando, Florida 32822	!
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office : is here:		, enter the name of the new registo
Name of New Registered Agent:	Fast Filing Ser	vices LLC	
			
Name of New Registered Agent: New Registered Office Address:	Fast Filing Services 10450 NW 33rd		et address
-		d St. Suite 305	t address, Florida 33172 Zip Code

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.

Minuschka J Hech 6

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
N/A	N/A	N/A	
			□ Remove
			Change
N/A	N/A	N/A	□Add
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