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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Celestin Multi Services LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rony J Celestin
Name of Person  Celestin Multi Services LLC  Firm/Company
5048 Signal Hill Road
Dylando FL 32808  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rony Celestin  at (407), 967-1443  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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('elestin	Multi	Services	LLC	2022 JUN 21 PM 4:0
(Name of the Limited Lia (A Flo	bility Company a	is it now appears on ou	r records.)	TALLAHASSEF SIT
				TALLAHASSEF ETT
The Articles of Organization for this Limited Liability	y Company we	re filed on <u>Sune</u>	6, 202	and assigned
Florida document number <u>L22000258948</u>	·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability	company here:		
The new name must be distinguishable and contain the words "I	Limited Liability (	Company," the designati	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:				·
(Principal office address MUST BE A STREET AD				
(Frincipal office undress 91031 BL A STREET AD	DKESS) _			
	_			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)	_			
	_		<del> </del>	
D. If amonding the aggistered agent and/or regists	and office add			of the many posistoness
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ress on our records	, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:				<del></del>
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
		Enter Florida stre	et address	
<u> </u>			, Florida _	
		City		Zip Code
New Registered Agent's Signature, if changing Register	ered 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	Jeffrey Celestin	5048 Signal Hill Road	PÁdd
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