

h22 000260465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

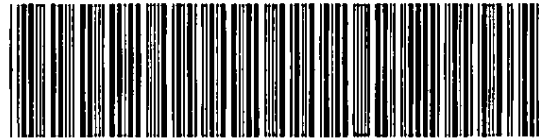
(Business Entity Name)

(Document Number)

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2022 AUG -5 AM 10:03

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUENOS-AIRES MULTISERVICE 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:

Marcelo W Jimenez.

Name of Person

BUENOS-AIRES MULTISERVICE LLC

Firm Company

4109 NW 88th Ave., Apt. 202

Address

Coral Springs, FL 33065

City/State and Zip Code

jimenez.jjn35@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcelo W Jimenez

704 977-4929

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Fee.
Certificate of Status &
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
TO
ARTICLES OF ORGANIZATION
OF**

BUENOS-AIRES MULTISERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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The Articles of Organization for this Limited Liability Company were filed on June 07, 2022 and assigned
Florida document number L22000260465.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BUENOS AIRES MULTISERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4109 NW 88th. Ave., Apt. 202

Coral Springs, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4109 NW 88th. Ave., Apt. 202

Coral Springs, FL 33065

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

4109 NW 88th. Ave., Apt. 202

Enter Florida street address

Coral Springs

, Florida 33065

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Natalia J Angaramo	8000 SW 21st. Court	<input type="checkbox"/> Add
		Miramar, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kiara N Jimenez	8000 SW 21st. Court	<input type="checkbox"/> Add
		Miramar, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Estrella Viniachi	4109 NW 88th. Ave., Apt. 202	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marcelo W Jimenez	4109 NW 88th. Ave., Apt. 202	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If 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 record is filed.

Dated August 01, 2022

[Signature]

Signature of a member or authorized representative of a member

Marcelo W Jimenez

Typed or printed name of signee

Filing Fee: \$25.00