L22000263444

(Requestor's Name)
(Address)
(1887-888)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(====,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



400390752194

07/14/22--01011--013 **80.00

TALLARALSEE, FLORIDA

OCT 7 2022 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 330 Permitting Services Lic Named 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:
Selena Aranda Name of Person
S &D permitting Services LLC
980 Sultan Ave
Selena aranda 233@ yana. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Selena Aranda at (±1) 786 718 9001 Name of Person at (±1) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	inv asht now appears on our records.) Liability Company)	ZOZZ JUL 1 ZALLARÁS
The Articles of Organization for this Limited Liability Company Florida document number <u>22000 26 38 44</u> . This amendment is submitted to amend the following:	were filed on <u>U 9 2022</u>	ARASSEEd and assigned 11: 08
A. If amending name, enter the new name of the limited liab $\mathcal{N} \mid \mathcal{H}$		
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	* I I	reviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	
	Florida	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>	Address	Type of Action
AMBR	Selena Aranda	980 Sultan Ave Ofa Locka, FL 33054	10 Kdd
			□Remove
			□Change
			□Add
		······································	□ □Remove
			□Change
			□Add
			□Remove
			□Clunge
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
			∃Change

						
						
				,		
						
		•••	· ·-			
						
				_		
			.			
 \ 						
				······································		
	 .				 .	
			, , , , = -		· · · · · · · · · · · · · · · · · · ·	
						
	nan the date of fil	ling:		(option:	al)	
						to 605.0207
an effective date is listed, the		ot meet the applicat	ble statutory filing re	equirements, this da	ate will not b	
an effective date is listed, the ote: If the date inserted i	n this block does no		ble statutory filing re	equirements, this da	ate will not b	
in effective date is listed, the ote: If the date inserted in ocument's effective date of	n this block does no on the Department o	of State's records.				e listed as
an effective date is listed, the ote: If the date inserted i ocument's effective date of record specifies a delayed	n this block does no on the Department o	of State's records.				e listed as
an effective date is listed, the ote: If the date inserted i ocument's effective date of record specifies a delayed	n this block does no on the Department o	of State's records.				e listed as
an effective date is listed, the ote: If the date inserted is cument's effective date of record specifies a delayed is filed.	n this block does no on the Department o	of State's records. not an effective tin			The 90th day	e listed as
an effective date is listed, the ote: If the date inserted is cument's effective date of record specifies a delayed is filed.	n this block does no on the Department o	of State's records.			The 90th day	e listed as
an effective date is listed, the ote: If the date inserted i ocument's effective date of record specifies a delayed is filed.	n this block does no on the Department of effective date, but t	of State's records. not an effective tim . 2022	ne, at 12:01 a,m, on	the earlier of: (b)	The 90th day	e listed as
ffective date, if other than effective date is listed, the lote: If the date inserted i ocument's effective date of record specifies a delayed listiled.	n this block does no on the Department of effective date, but t	of State's records. not an effective tim . 2022		the earlier of: (b)	The 90th day	e listed as