## K22000 272407

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Cor				
	ULTISERVICES LLC			
SUBJECT:	Name of Lim	nited 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:		
	ADRIAN ROJAS			
		Name of Person		•
	LOLAS MULTISERVICE	ES ELC		
	-	Firm/Company	• • •	
	14716 SW 108 TERRACE	3		202 SE
		Address		2 OC CRE
	MIAMI FLORIDA 33196			T 17
	JACP2002@GMAIL.COM	City/State and Zip Code		2022 OCT 17 AM 10: 59 SECRETARY OF STATE TALLAHASSEE, FL
	E-mail address: (	to be used for future annual report	notification)	프로 영
For further information e	oncerning this matter, please co	all:		τη ω
ADRIAN A ROJAS		305 3109418		
Name o	t Person	at () Area Code Da	ytime Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration S	Section	Street Addres Registration	Section	
Division of C P.O. Box 632	-		Corporations of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOLAS MULTI SERVICES LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on <u>06/14/2022</u>	2 and assigne	ed
Florida document number L22000272407	······································			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	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:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		N/A		
		N/A		
Enter new mailing address, if applicable:		022 OCT SECRET TALL		
(Mailing address MAY BE A POST OFFICE .	<u>BOX)</u>		<u> </u>	*****
B. If amending the registered agent and/or r agent and/or the new registered office addres	_	address on our records,		gistere
Name of New Registered Agent:	ADRIAN A RO	DJAS		
New Registered Office Address:	13916 SW 46T	H TERRACE APT 464 D		
		Enter Florida stree	t address	<del></del>
	MIAMI		Florida <u>33175</u>	
		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>	Type of Action
MGR	ADRIAN A ROJAS	13916 SW 46TH TERRAXE	□Add
		464	□Remove
		MIAMI FLORIDA 33175	<b>≡</b> Change
			□Add
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			SECRETAL Change
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Typed or printed name of signee