LZ2000	284149	
(Requestor's Name) (Address) (Address)	400390270124	
(City/State/Zip/Phone #)	07/01/2201011004 **.25.00	
Certified Copies Certificates of Status		
Office Use Only		

COVER LETTER

TO: Registration Section Division of Corporations

ervices LLC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

- Pil 4: Mayra 1 fr Name of Person Dervices 210 '0m Detaruser vices non a grail E-mail address (to be used for future annual report solification)

For further information concerning this matter, please call:

de Daytime Telephone Number _____ at (<u>4</u>/ Name of Herson

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) · · ·

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF A				
ARTICLES OF ORGANIZATION OF				
(A Florida Limited L	Turn on anon			
The Articles of Organization for this Limited Liability Company v Florida document number <u>LaacOOOD234149</u> .	were filed on () O. O V O O O O and assigned			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabi</u> USA Notory S The new name must be distinguishable and contain the words "Limited Liabili	expires uc			
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	109 N. Beaumont Avenue Kiesimmee, FL34741			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>				
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	iddress on our records. <u>enter the name of the new registered</u>			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
AMBR	Mayra V. Rivera	109 N. Beaumont Aven	UE MAdd
		Kissimmer FL34141	🗆 Remove
			Change
·			🖸 Add
			Remove
			🗌 Change
			🗆 Change
			🗆 Add
			🗌 Remove
			Change
			🗆 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA		
<u> </u>		
	•	
		· · · · · · · ·

document's effective date on the Department of State's records.

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.

une a Dated representative of a member of a member or huthorized or printed name of signee