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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations			
SUBJECT:	+ Multiservic			
	Name of Limited	Liability Company		
The enclosed Articles of	Amendment and fee(s) are submit	tted for filing.		
Please return all correspo	ondence concerning this matter to t	the following:		
		_		
	Katra M	1. Perez Re	4CS	
		Name of Person		
	-	Firm/Company		
	NO Day Alill			
	1824 NW	14Th tel		
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	Cape C	Oral FL 3	<u> </u>	
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	E-mail address: (to b	ov 70 6 9 Mail	ification)	PI PI
For further information of	concerning this matter, please call:			22 SEP -1 PM 2: 16
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Latia	H. levez Paye	s _{ar} (<u>815)</u> 330	> 5002	_
Name o	of Person	Area Code Dayum	ie Telephone Number	
Enclosed is a check for the	he following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of \$ Certified Copy (additional copy is	Status &
Mailing Address Registration		Street Address:	nei nu	
Registration ! Division of C		Registration Se Division of Cor		
P.O. Box 632		The Centre of T	-	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K4 Multised	rxice LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number		7 7 7 2 7 and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	nation "LLC" or the abbreviation "I	lC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		<u> </u>
			<u>₹</u>
		<u>ר</u> י	
Enter new mailing address, if applicable:		1	. G. 3.7
(Mailing address MAY BE A POST OFFICE BOX)			N Str
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		16	-
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor	ds, enter the name of the ne	w registered
The first registered write address fiere.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	<u>.</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 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	Kotha M. Perez Reyes	1824 NW 14th Ter Capel	Over X dd
			□Remove
			Change
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			□Remove
			SEPAdd of State
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fan effective <u>Note:</u> If the	ate, if other than the date is listed, the date me date inserted in this b	ist be specific and block does not n	f cannot be prior to the cannot be prior to the applier	to date of filing or	more than 90 days	optional) after filing.) Pursu , this date will no	ant to 60 5. 0 2 of be listed	207 as
document's	effective date on the F	Department of S	tate's records.					
e record spec d is filed.	vifies a delayed effecti	ve date, but not	an effective tir	ne, at 12:01 a.n	n. on the earlier o	f: (b) The 90th	day after th	าะ
Dated	08/29/20	22	,	Duc	m			
_	Ratia	Signature of a r	nember or autho	nara representan	ve of a member			