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(Requestor's Name) (Address)	
(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name)	;
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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A. RAMSEY OCT - 4 2022

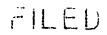
COVER LETTER

TO:

TO: Registration Se- Division of Cor			•
	FENDSCKY MUL	TI SERVICES LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		FEDRICE JULIEN	
		Name of Person	
	FENDS	CKY MULTI SERVICES LLC	
		Firm/Company	
		1737 TILLSTREAM DR	
		Address	
	(ORLANDO , FL 32818	
		City/State and Zip Code	
		NDSCKY@GMAIL.COM	
For Coak and to Commission of		to be used for future annual report no	nitication)
	oncerning this matter, please ca		
	CE JULIEN	407 3992450 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	Section
Division of C	Corporations	Division of Co	-
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Mon	Tallanassee Foe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 OCT -3 AMIL: 33

	MULTI SERVICEES LLC v Company as it now appears on our records.) Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on JULY 22, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
FENDSCKY MULTIS	SERVICES LLC	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
•		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	Flori	da
	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>	Name	Address	Type of Action
			□Remove
			□Change
		🗀 Add	
			□Remove
			Change
		□Add	
			□Remove
			□ Change
			□Add
		□Remove	
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Effective	date, if other t	than the date	of filing:			(ontional)	
Note: If t	he date inserted		es not meet the	applicable statu) Pursuant to 605.02 will not be listed :
e record spord is filed.		d effective date,	but not an effe	ctive time, at 12	:01 a.m. on the c	earlier of: (b) Th	e 90th day after th
Data OC	TOBER 1ST		2022			\	
Dated			Te	dia	Aula	1	
				<u> </u>			
		Signat	ure of a member	or authorized repi	eschtalive of a me	mber	

Filing Fee: \$25.00