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2022 SEP ~6 PH 4: 33

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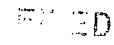
COVER LETTER

TO:

TO: Registration S Division of Co			
	hnical Services		
SUBJECT:	Name of Lim	nited Liability Company	<u> </u>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Alfredo Fernandez Muniz		
,		Name of Person	
	AFM Technical Services		
		Firm/Company	
	3411 N Longfellow Cir		
		Address	· - · · · · · · · · · · · · · · · · · · ·
	Hollywood, Fl 33021		
		City/State and Zip Code	
	alfredoFN19	79 @ gmail. Com	Fautina)
For further information	concerning this matter, please c		neation)
Alfredo Fernandez Mui	niz	786 6439906 at()	
Name	of Person	Area Code Daytime	e Telephone Number
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)
Mailing Addr Registration		Street Address: Registration Sec	ction
-	Corporations	Division of Cor	porations
P.O. Box 63		The Centre of T	'allahassee e Street, Suite 810
Tallahassee.	. アレ 32314	Z415 IN, IVIONIO	c aucci, anne oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION TO TO **OF**



AFM Technical Services

2022 SEP -6 PM 4: 33

(Name of the Limited Liability (A Florida l	s Company as it now appears on c Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/27/20	and assigned
Florida document number 1.22000331100	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
AFM Technical Services LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
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: Name of New Registered Agent:	office address on our record	ls, enter the name of the new registered
New Registered Office Address:		
-	Enter Florida st	rect address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my c ent as provided for in Chap	haties, and I am familiar with and ter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Alfredo Fernandez Muniz		
			□Remove
		3411 N Longfellow Cir, Hollywood, Fl 33021	■ Change
			□Add
			Remove
			□Change
49			🖸 Add
			□Remove
			□Change
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ective date, if other than the da effective date is listed, the date must be	te of filing:	rior to date of filing o	(optio	nal) filing.) Pursuant to 605.029
e: If the date inserted in this block ument's effective date on the Depart	does not meet the app	plicable statutory fil	ling requirements, this	date will not be listed a
·				
cord specifies a delayed effective da s filed.	ite, but not an effectiv	re time, at 12:01 a.n	n, on the earlier of: (b)	The 90th day after th
08/12/2022 ed	1:08 PM	I		
cu		·		
	Zh#/			

Filing Fee: \$25.00