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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

and fee(s) are subserning this matter	LC nited Liability Company omitted for filing. to the following:		-
and fee(s) are subserning this matter	omitted for filing.		-
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CHIESTEL			
	Name of Person		_
CHITECTURAL	SERVICES, LLC		
	Firm/Company		<u> </u>
190TH AVE			62
	Address		
AR, FL 33029			- B
	City/State and Zip Code		— c
			::
E-mail address:	(to be used for future annual	report notification)	
s matter, please o	call:		9
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5	Registra Divisio	ation Section n of Corporations	
	AR, FL 33029 SVTAX.COM E-mail address:	Firm/Company 190TH AVE Address AR, FL 33029 City/State and Zip Code SVTAX.COM E-mail address: (to be used for future annual s matter, please call: at (Firm/Company 190TH AVE Address AR, FL 33029 City/State and Zip Code SVTAX.COM E-mail address: (to be used for future annual report notification) s matter, please call: 1754

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L.A. ARCHITECTURAL SERVICES,		1
(<u>Name of the Limited I</u> (A F	liability Company as it now appears on our records. Florida Limited Liability Company)	<u>:</u> }
The Articles of Organization for this Limited Liabi		and assigned
Plorida document number L22000334785		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	(-, 1~)
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	ADDRESS)	20
		
		∵ -:-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
3. If amending the registered agent and/or regis	stered office address on our records, enter t	he name of the new regi
igent and/or the new registered office address h		
Name of New Registered Agent:		
New Registered Office Address:	P - 17 - 1	· ··
	Enter Florida street address	
_	, Flor	rida
	Cim	Zin Coda

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
AMBR	ARNOVIA BENITEZ	4126 SW 190TH AVE	
		MIRAMAR, FL 33029	□Remove
			Change
			Remove
			C☐Change
		 	
			⊡Remove
			Change
		.	□Remove
			Change
			Remove
			□ Change
			□Remove
			□ Change

MGR: LUZ A SCHIESTEL	90%
AMBR: ARNOVIA BENITEZ -	10%
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e: If the date inserted in this block iment's effective date on the Depar	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 does not meet the applicable statutory filing requirements, this date will not be list
filed.	
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ed	. 2022