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	Division of Corporations			
	Fax Number : (850)617-6383		SEP	T
From:		\geq	2 d	
	Account Name : ARMANDO TAXES LLC	~	Ň	
	Account Number : 120200000170	Sr≺.		
	Phone : (305)803-4427	SO	AM	- m
	Fax Number : (305)402-6230		x	-
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•	*Enter the email address for this business entity to be used for future	- <u>-</u>	S	
	annual report mailings. Enter only one email address please.***	11	\sim	
	Email Address; armando@armandotaxes.com			``

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MULTISERVICES M&C LLC

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	Name of Limi	ted Liability Company		, "	
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correspondence concer	ming this matter t	to the following:			
ARMANI	DO VASQUEZ				_
		Name of Person			
ARMANI	DO TAXES LLC				
		Firm/Company			-
5721 NW	112TH AVE AP	T 108			
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	öf Corporations LTISERVICES M&C icles of Amendment a correspondence concer ARMANI 5721 NW DORAL, ARMAND nation concerning this SQUEZ Name of Person ck for the following a g Fee \$30.00 Certifi chdress: ration Section on of Corporations	of Corporations LTISERVICES M&C LLC Name of Limi icles of Amendment and fee(s) are sub- correspondence concerning this matter to ARMANDO VASQUEZ ARMANDO VASQUEZ ARMANDO TAXES LLC 5721 NW 112TH AVE AP DORAL, FL 33178 ARMANDO@ARMANDO Temail address: (to nation concerning this matter, please co SQUEZ Name of Person ck for the following amount: g Fee \$30.00 Filing Fee & Certificate of Status SAddress: ration Section on of Corporations ox 6327	of Corporations LTISERVICES M&C LLC Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: ARMANDO VASQUEZ Name of Person ARMANDO TAXES LLC Firm/Company 5721 NW 112TH AVE APT 108 DORAL, FL 33178 City/State and Zip Code ARMANDO@ARMANDOTAXES.COM E-mail address: to be used for future annual nation concerning this matter, please call: SQUEZ at (<u>305</u>) Name of Person ek for the following amount: gFee \$30.00 Filing Fee & Certificate of Status City/State S55.00 Filing Fee & Certificate of Status childeress: StreetAr radion Section Registr or of Corporations Divisio or of Corporations Divisio	of Corporations LTISERVICES M&C LLC Name of Limited Liability Company icles of Amendment and fce(s) are submitted for filing. correspondence concerning this matter to the following: ARMANDO VASQUEZ ARMANDO TAXES LLC Firm/Company 5721 NW 112TH AVE APT 108 DORAL, FL 33178 City/State and Zip Code ARMANDO@ARMANDOTAXES.COM Usmail address: (to be used for future annual report notificat nation concerning this matter, please call: SQUEZ at (Area Code) Name of Person at (Certified Copy raddition Section) streetAddress: ration Section on of Corporations at Corporations ox 6327 StreetAddress:	of Corporations LTISERVICES M&C LLC Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: ARMANDO VASOUEZ ARMANDO TAXES LLC Firm/Company 5721 NW 112TH AVE APT 108 DORAL, FL 33178 City/State and Zip Code ARMANDO@ARMANDOTAXES.COM E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: SQUEZ at (Area Code) Name of Person at (Critified Copy radditional copy is enclosed) ck for the following amount: S55.00 Filing Fee & S00.00 filing Fee & S00.00 filing fee & Certified Copy radditional copy is enclosed) ck for the following amount: S55.00 Filing Fee & S00.00 filing fee & Certified Copy radditional copy is enclosed) ck for the following amount: StreeLAddress: Registration Section no fCorporations ox 6327

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

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TO ARTICLES OF ORGANIZATION OF

MULTISERVICES M&C LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/08/2022 and assigned and assigned

Florida document number ______

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "Hel. C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the <u>new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	· · · · · · · · · · · · · · · · · · ·	Florida
	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 Changing Registered Agent, Signature of New Registered Agent

2022-09-22 14:29:25 GMT

<u>or removed from our records</u> : MGR = Manager AMBR = Authorized Member			328345 3
<u>Fitle</u>	Name	Address	Type of Action
AMBR	CARLOS HERNANDEZ	120 SW 8TH AV APT 706 MIAMI. FL 33130	🗆 Add
			🗆 Remove
			🖹 Change
AMBR	AUGUSTA CARPIO	120 SW 8TH AV APT 706 MIAMI, FL 33130	🗆 Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

Dated	Signature of a member or authorized opresentative of a member
	CARLOS HERNANDEZ
	Typed or printed name of signee