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SECRETARY OF STATE TALLAHASSEE, FLORID,

FILED 2027 OCT 28 AK 9: 89

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: LT8	MULTISERC	IVES LLC	
	Name of Lim	ited 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:	
	THom	Name of Person	~
		Firm/Company	
SUBJECT: LT8 MYLTISERCIUES LLC Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  THOMAS TEARNAM  Name of Person			
	PALMBA)  FARNAM	FLORIDA 3 City/State and Zip Code THOMAS QUAHUO	Com
For further information e			(HKaton)
THOMAS	FARNAM	ar (321) 482	2-9421
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			action
		_	
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Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

h8 multisercives llc	
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Complorida document number 122000429498	pany were filed on 10/05/2022 and assigned
This amendment is submitted to amend the following:	
x. If amending name, enter the new name of the limited	l liability company here:
18 multiservices   LLc.	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	1403 dallam ave
Principal office address MUST BE A STREET ADDRES	palm bay florida 32907
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	palm bay florida 32907
Name of New Registered Agent: thomas t fi	
New Registered Office Address: 1403 data	Enter Florida street address
palm bay	. Florida 329071 = [7]
New Registered Agent's Signature, if changing Registered A	i co

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
		🗆 Add	
			□Remove
		· :	☐ Change
			🖸 Add
			□Remove
			· ·
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change

-	mispelled the first company that is the reason for the amendment thanks thomas I farnam
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•	
	ive date, if other than the date of filing: (optional)
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	d 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
rd is fi	led.
Dated	10/25/2022  Taxan Signature of a member or authorized representative of a member
	46 4
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00