## L22000439850

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SECRETARY OF STATE TALLAHASSEE, FL

## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	830 SERVICES LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
		BATLLE, RICARDO	
		Name of Person	
		Firm/Company	
	830 NW 87TH A	VE.APT 205 Address	
	MIAMI. FL 3317		
	batllencardo@	City/State and Zip Code tyahoo.com	
For further informati	E-mail address: (	to be used for future annual report no	otification)
Heisy Ro	- ,	786 704 048	55
	me of Person	/	me Telephone Number
Enclosed is a check	for the following amount:		
☑ \$25.00 Filing Fe	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<del>-</del>	on Section of Corporations	Street Address: Registration S Division of Co The Centre of	orporations
Tallahass	ee, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

830 SERVICES LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appealited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000439850</u>	oany were filed on _	10/12/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the	designation "LLC" or the a	abbreviation "L.IC."
Enter new principal offices address, if applicable:	830 NW	87TH AVE	1022 F SECF
(Principal office address MUST BE A STREET ADDRESS	S)Apt 205	_	NOV.
	Miami, F	L 33172	1A 22
			PH 2: OF ST
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BOX)			<u>E</u> 6
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:			
Name of New Registered Agent:	FICALGO	R Batlle 187 Ave As	
New Registered Office Address:		) 87 Ave As	of 205
$\mathcal{M}$	iami	Florida	33172
	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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Ac
			🗖 Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
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			□Change
			□ Add
			□Remove
			Change

	Adding- Authorized Person
	BATLLE, RICARDO
•	
<del></del>	
If an effect <u>Note:</u> If	tive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.
Dated	11/20/2022
	Signature of a member or authorized representative of a member  Rica (do R Bafffel  Typed or printed name of signee