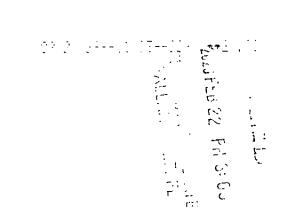
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CHDII	ECT: SERI	lice DROFES	SIONAL CH LLC	
SUBJI	ECT:	Name of Lin	nited Liability Company	<del></del>
The en	iclosed Articles of A	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspor	idence concerning this matter	to the following:	
		Francisc	O A. CORREA HO Name of Person	RALES
		SERVICE D	LOFESSIONAL CM CO	<u>c</u>
		57007 NW 2	06th terrace	<b>(1)</b>
				٠, ٠
		Hiami 6	City/State and Zip Code	art E
			City/State and Zip Code	•
		E-mail address:	(to be used for future annual report notification	on)
For fu	rther information co	oncerning this matter, please	call:	on)
F	<u>NAW GS CO</u> Name of	A. CORREA	at ( <u>646</u> ) 932 - J Area Code Daytime Tele	: 1
			•	•
Enclos	sed is a check for th	e following amount:		
<b>\$</b> s:	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 Address Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	ations hassee reet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICE PROKISSIO	nal CM LCC	<del></del>
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L220604547</u>		LI 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
MA		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE BOX)		- T
		TI- 0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	address
		, Florida
	Сіцу	Zıp 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

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 = Ai	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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