L2200455802

(Re	questor's Name)	
DA)	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Recaredo Jose Gonzalez A	rgote	
		Name of Person	
	Ricky Jose Services LLC		
	· ·	Firm/Company	
	680 SE 1ST PL		
		Address	
	HIALEAH, FL 33010		
		City/State and Zip Code	
	rickyservices90@gmail.cor		
	E-mail address; (to be used for future annual report not	lification)
For further information c	oncerning this matter, please c	all:	
Recaredo Jose Gonzalez	Argote	305 3907864	
Name of Person		at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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 tadditional copy is enclosed
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIED

Ricky Jose Services LLC

company has been notified in writing of this change.

2023 FEB - 6 PM 1: 17

(Name of the Limited Liability	Company as it now appears on our r	ecords.)SELECTION STATE
(A ribiida i.	mined Dabinty Company)	TALLAH VSSSELFL
The Articles of Organization for this Limited Liability Con	mpany were filed on $\frac{10/24/2022}{}$	and assigned
Florida document number L22000455802		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
NA		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, <u>e</u>	nter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con	• •	

NA

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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Recaredo Jose Gonzalez Argote	680 SE 1ST PL HIALEAH, FL 33010	Add
			□Remove
			□Change
			□ Add
			□ Remove
			☐Change
			□Adđ
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and ca block does not mee	innot be prior to et the applicab	date of tiling or me		filing.) Pursuant to 605.	
he record specifies a delayed effect ord is filed.	ve date, but not ar	n effective time	e, at 12:01 a.m. c	on the earlier of: (b) The 90th day after	the
Dated January 27		2023				
Dated January 27	; 7 H17	2023	· •			
Dated January 27	7 ## Signature of a me		zed representative	of a member		