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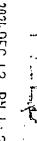
| (Reque | estor's Name) | |
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COVER LETTER

| Division of Co | | • | | | |
|---|---|--|---|--|---------------------------------------|
| , LTZ LOG SUBJECT: | ISTICS LLC | | | | |
| SUBM.CT. | Name of Lin | nited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing | | | |
| | ondence concerning this matter | | | | |
| | LUITZ IMBERT | | | | |
| | | Name of Person | | | |
| | LTZ LOGISTICS LLC | | | | |
| | | Firm/Company | | | |
| | 15401 NE 6TH AVE APT | 13412 | | | |
| | · · · · · · · · · · · · · · · · · · · | Address | <u> </u> | | |
| | MIAMI, FL, 33162 | | | | |
| | ihirohito@yahoo.com | City/State and Zip Code | | SECR | 2024 DEC 13 PH 4:3 |
| | E-mail address: (| to be used for future annual | report notification) | | EC 1 |
| For further information of | oncerning this matter, please c | all: | | 多 | |
| LUITZ IMBERT | | 786 31 at () | 6-2271 | SOFT OF | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Name o | f Person | Atea Code | Daytime Telephone No | umber | - : (၁ (၁ |
| Enclosed is a check for the | ne following amount: | | | | |
| ■ S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee of Certified Copy (additional copy is ene | Cer dosed) Cert | 00 Filing Fe tificate of St tified Copy itional copy is c | atus & |
| Mailing Addres Registration S Division of C | Section | = | ddress: ation Section n of Corporations | | |
| P.O. Box 632 | 7 | | ntre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| LTZ LOGISTICS LLC | | |
|---|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.22000466115 | were filed on October 31, 2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| ServiceMaster Solutions LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 15401 NE 6TH AVE APT B412 | |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMUFL 33162 | |
| Enter new mailing address, if applicable: | 15401 NE 6TH AVE APT B412 | 2024 DEC |
| (Mailing address MAY BE A POST OFFICE BOX) | MIAMI FL 33162 | 27 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florid: | 1 |
| | City | Zin 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

Zip Code

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

| or removed from our records: | enter the thirt, and add | iress of each j | <u> </u> | enig added |
|---|--------------------------|-----------------|----------|------------|
| MGR = Manager AMBR = Authorized Member | | | | |

| <u>I itle</u> | <u>Name</u> | Address | Type of Action |
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| Tective date, if other than the date of filing: | | (optional) | |
| on effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicab | date of filing or more than | 90 days after filing.) Purs | uant to 605,02 |
| ocument's effective date on the Department of State's records. | statuoty tillig regali | ements, this date will | not be fisted |
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| record specifies a delayed effective date, but not an effective tim is filed. | ie, at 12:01 a.m. on the c | artier of: (b) The 90t | h day after th |
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| 11/29/2024 ated | 201 | 工. / | , |
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Filing Fee: \$25.00