

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ربن رس ii) Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addre	5:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZANMI LWEN MULTI-SERVICE LLC

Certificate of Status	0
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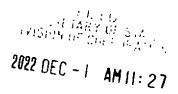
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zanmi Lwen Multi-Service LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	rere filed on <u>11/07/22</u>	and assigned
Florida document number L22000476145		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent 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 address	
	Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I a ovided for in Chapter 605, F.S.	um familiar with and Or, if this document is

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>	Name	Address	Type of Action
MGR_	Eddy Philippe Address	605 Nw 177Th St Apt 110	XAdd
		Miami Gardens , FL 33169	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			∐Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If amending any oth	er information, ente	er change(s) here: (Attach additional shee	is, if necessary.) 2022 DEC - 1	hall Warsh
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Note: If the date inser	ner than the date of f d, the date must be specifi rted in this block does t date on the Department	not meet the applicable	late of filing or more than 90 e statutory filing requires	(optional)) days after filing.) Pursuant to 6 ments, this date will not be l	505.0207 (3)(1 isted as the
the record specifies a del cord is filed.	layed effective date, but	t not an effective time.	at 12:01 a.m. on the ear	lier of: (b) The 90th day a	fter the
Dated Dec	ember 1				
		Riku Pel		 Der	
***************************************	Signature	of a member of authorizi	ed representative of a mem	per	
		Rilev Park	ame of cluber		

Filing Fee: \$25.00