Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000408217 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 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 Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZANMI LWEN MULTI-SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

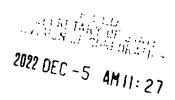
DEC 06 2022

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zanmi Lwen Multi-Service LLC

company has been notified in writing of this change.

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

(A Frontal Entitle	Liaomiy Company)		
The Articles of Organization for this Limited Liability Company	were filed on 11/	07/22	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 liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office	address on our rec	ords, <u>enter the nam</u>	e of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Floric	la street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of n provided for in CF	ny duties, and I am J napter 605, F.S. Or.	familiar with and 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>	<u>Name</u>	Address	Type of Action
MGR	ADDRESS, EDDY PHILIPPE	605 NW 177TH ST	□Add
		MIAMI GARDENS, FL 33169	XIRemove
MGR	Eddy Philippe	605 NW 177TH ST	
		MIAMI GARDENS, FL 33169	□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

If amending an	y other informati	on, enter chang	e(s) here: (Att	ach additional s	heets, if necess	ary 2022 DEC - 6	RV OF CORP. PAR.
	·		<u>.</u>		**************************************		AM 11: 2
			- -				
		-		· <u> </u>			
<u>-</u>							
	44-44-44-44-44-44-44-44-44-44-44-44-44-					1112	
	***************************************					· · · · · · · · · · · · · · · · · · ·	
			-			•	
					1 1		
Effective date, i	if other than the dis listed, the date must	late of filing:	ot be prior to date	of filing or more tha	optiona o 90 days after fili	al) ng a Pursuant to 605 :	0207 (3 Vb)
Note: If the date	e inserted in this bloc etive date on the Dep	ek does not meet t	he applicable st	atutory filing requ	irements, this da	ite will not be liste	d as the
ne record specifies ord is filed.	s a delayed effective	date, but not an el	ffective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after	the
Dated <u>De</u>	ecember 5	, <u></u>	2022				
		Rile	Tal				
	S	ignature of a memb	er or authorized r	epresentative of a m	iember		

Filing Fee: \$25.00