11/28/23, 9:40 AM

Division of Corporations

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(((H230004061293)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FAIL SAFE ACCOUNTING LLC

Account Number : I20230000132 : (407)201-7988

Fax Number : (407)553-2856

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

Email	844	PACC	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIAZ Y DIAZ MULTISERVICES LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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TO:

COVER LETTER

TO: Registration Sc Division of Cor			
	AZ MULTISERVICES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	FARAH CRUZ		
		Name of Person	
	FAIL SAFE ACCOUNTIN	G LLC	
		Firm/Company	
	20 S ROSE AVE SUITE 4		
		Address	
	KISSIMMEE, FL 34741		
••	D. TO O DAY OA PETA V. CC	City/State and Zip Code	
	INFO@FAILSAFETAX.CO	o be used for future annual report not	ification)
For further information c	oncerning this matter, please ce	dl:	
FARAH CRUZ		407 201-7988	
Name o	f Person c	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional copy is enclosed)
Malling Address , Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, l		2415 N. Monro Tallahassee, FI	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recobility Company)	ords.)
The Articles of Organization for this Limited Liability Company w Florida document number L22000502774		and assigned
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 "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		26
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		٠. ن
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent:	ldress on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:	Enter Florida street ad	dress
, _		Florida
	City	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 paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties rovided for in Chapter 60	s, and I am familiar with and 95, F.S. 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

Title	Name	Address	Type of Action
AMBR	DIAZ, FRANKLIN	5274 TUSCANY LN	
		DAVENPORT, FL 33897	Remove
			Change
			Remove
			☐ Change
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	•		Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
reco d is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	NOVEMBER 28TH 2023
	Signature of a member or authorized reprojentative of a member
	FERNANDO DIAZ Typed or printed name of signee

Filing Fee: \$25.00