

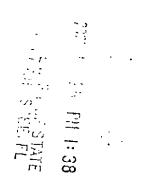
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COVER LETTER

то:	Registration S Division of Co					
eun iez		tiservices, LLC.				
SUBJEC	υI:	Name of Lim	ited Liability Company	_		
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please re	eturn all corresp	ondence concerning this matter	to the following:			
		Jorge Perez Leyva				
			Name of Person			
		L & J Multiservices, LLC.				
			Firm/Company			
		10711 SW 216 St unit 100	-203			
			Address			
		Miami. FL. 33170				
			City/State and Zip Code			
		georgeleyva2017@icloud.c				
		E-mail address: (to be used for future annual report notification)			
For furth	ner information	concerning this matter, please co	all:	· [편]		
Jorge Po	erez Leyva		786 7643-230 at ()	PH 1.38		
	Name	of Person	Area Code Daytime Telephone Nun	nbei S		
Enclose	d is a check for	the following amount:				
□ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)		
	Mailing Addre		Street Address: Registration Section			
	_	Section Corporations	Registration Section Division of Corporations			
	P.O. Box 63	•	The Centre of Tallahassee			
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suit	ie 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & J Multiservices, LLC.				
(Name of the Limit	ted Liability Compa (A Florida Limited l	inv as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited L Florida document number L23000015178	iability Company	were filed on 01/06/2023		and assigned
Florida document number L23000015178 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: D Leyva Services, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Dorge E. Perez Leyva				
A. If amending name, enter the new name o	f the limited liab	ility company here:		
J Leyva Services, LLC.				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation '	'LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:	10711 SW 216 St		
(Principal office address MUST BE A STREE	ET ADDRESS)	Unit 100-203		153
		Miami, Fl. 33170	and assigned pany here: y," the designation "LLC" or the abbreviation "LLC." W 216 St D-203 FI, 33170 W 278 ST cad. FL, 33031 The cade of the new registered in this capacity. I further agree to comply with the rance of my duties, and I am familiar with and for in Chapter \$\infty\$5, F.S. Or, if this document is	
Enter new mailing address, if applicables		16720 SW 278 ST		153
	ROY)	Homestead, FL, 33031		<u> </u>
Muning universe MAT DE ATOST OFFICE	Unit 100-203 Miami, Fl. 33170 The rew mailing address, if applicable: 16720 SW 278 ST	••		
			riá	
		address on our records, <u>e</u>	nter the nam	e of the new registered
Name of New Registered Agent:	Jorge E. Perez	Leyva		
Nov. Barriage 1000 - Address 10711 SW 216		unit 100-203		
New Registered Office Address.	Enter Florida street address			
	Miami		Florida ³³	170
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	• -		
provisions of all statutes relative to the prop	per and complete istered agent as registered office	e performance of my dutic provided for in Chapter (y, and I am j V5, 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>	<u>Address</u>		Type of Action
AMBR	Lianys Torres Barroso	16720 sw 278 st		_ □Add
		Homestead, FL, 33031		_ ≣Remove
				_ □Change
				_ □Add
				_ □Remove
				_ 🗆 Change
				_ □Add
				□Remove
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			5.75 Th	?_ □Add
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ctive date, if othe	er than the date of	07/18/20			(optional)		
effective date is listed.	, the date must be specified in this block does	ic and cannot be p	rior to date of fil	ing or more than 9	0 days after filing.) Pursuar	nt to 605.02
ument's effective da	ate on the Departmen	t of State's reco	rds.	ry ming require	ments, this date	will not	be listed
ord specifies a dela	yed effective date, bu	it not an effectiv	re time, af 12:0	I a.m. on the ea	rlier of: (b) Th	e 90th d	lay after th
filed.			n				
		2024					
July 18th			LL · \ / ·				
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