L23000035392

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(City/State/Zip/Phone #)
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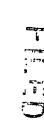
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TALESTAL



• COVER LETTER

TO: Registration S Division of Co			
	ERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	Address City/State and Zip Code ML.COM be used for future annual report notification) II: \$\frac{813}{Area Code} \frac{453-1512}{Daytime Telephone Number} Securified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	
Please return all corresp	nondence concerning this matter	to the following:	
	BELKYS ORTEZ DE AU	BERT	
		Name of Person	
	ORTEZ SERVICES LLC		
		Firn/Company	
	7213 BLOSSOM AVE		
	·	Address	202
	TAMPA, FLORIDA 3361	4	
		City/State and Zip Code	: 51
	BELKYSORTEZ178@GM		::: <u>*</u>
			ication) $\frac{1}{2}$
For further information	concerning this matter, please c	rall:	<u> </u>
BELKYS ORTEZ DE A	AUBERT		
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
Mailing Addro Registration			etion
_	Corporations		
P.O. Box 63		The Centre of T	
Tallahassee.	FL 32314	2415 N. Monro	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Como:	iny as it now appears on our recor	'ds.)		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 01/19/2023		and ass	signed
lorida document number L23000035392				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbrevi	ation "L	.L.C."
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	23	
			<u> </u>	CO TOTAL TO
				2 [
			i	
Inter new mailing address, if applicable:			<u></u>	<u>'</u>
Mailing address MAY BE A POST OFFICE BOX)			7	ڙ ٿي
during address with the first of the second	*** ***		ćЭ	لحويته
		F=2 223	က <u></u> မာ—	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of		w regis
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addre	288		
- -		lorida	ip Code	
	City	2.	ip 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 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
AMBR	BELKYS ORTEZ DE AUBERT	7213 BLOSSOM AVE	□Add
		TAMPA, FLORIDA 33614, US	□Remove
			■ Change
AMBR	NOEL RAMIREZ MALDONADO	7213 BLOSSOM AVE	≣Add
		TAMPA, FLORIDA 33614, US	□Remove
			□Change
			Ghange Change Ch
			rn on □Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

fective date, if other than the date of filing:								_
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