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## **COVER LETTER**

TO: Registration Division of C		•	
	RVICE LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	MARIA PARADA		
		Name of Person	<del></del>
	SDP SERVICE LLC		
		Firm Company	
	1871-19 ST SW		707
	<u> </u>	Address	
	NAPLES, FL 34117		7073 C 1 613
		City/State and Zip Code	<del></del> -
	sdpservicelle1@gmail.com		
	E-mail address; (	to be used for future annual report notification	m) 5
For further information	n concerning this matter, please c	all:	1:. 0,
LUANDY DOMENE	СН	239 6926181	
Name	e of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	
Registration Division of	n Section `Corporations	Registration Section Division of Corpora	
P.O. Box 6.		The Centre of Tallal	
Tallahassee	FI 32314	2415 N. Monroe Str	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SDP 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 Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/30/2023}{1}$ and assigned Florida document number 1.23000053671 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 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: Enter Florida street address 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

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	<u>Address</u>	Type of Action
AMBR	LUANDY DOMENECH	1871 19 ST SWNAPLES, FL 34117	≅Add
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effective date is listed, the date must	be specific and cannot be prior to date	of tiling or more than 90 days after filing.) Pursuant to 60	05.020
te: If the date inserted in this blo ument's effective date on the De		atutory filing requirements, this date will not be li	sted a
cord specifies a delayed effective s filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day af	ter the
ed MAY 25TH	2023		
	Signature of a member or authorized re	· ,	

Filing Fee: \$25.00