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(Rec	questor's Name)	
(Add	lress)	
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(City	//State/Zip/Phone	#)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations					
eup ie <i>c</i> e	Capri Main	itenance Services LLC			
SUBJECT:		Name of Limited Liability Company			
		Amendment and fee(s) are sub	-		
Please return	i all correspo	ondence concerning this matter	to the following:		
		Maylin Exposito			
Name of Person					_
Capri Maintenance Services LLC					
Firm/Company				_	
		940 N 74 Теп			
Address					
		Hollywood. FL 33024			
			City/State and Zip Code		—
		maylinexpo@icloud.com			
For the book	C		to be used for future annual	report notification)	2 6
		oncerning this matter, please ca			2023 IAPR ST. J. L.
Maylin Exp			at ()	1-0378	
	Name o	f Person	Area Code	Daytime Telephone Numb	, ,
Enclosed is a	a check for th	ne following amount:			AH II: O
≡ \$25.00 E	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certific	Filing Fee, at the cate of Status & at Copy at copy is enclosed)
	iling Addres gistration S		<u>Street A</u> Registr	ddress: ation Section	
Division of Corporations			n of Corporations		
P.O. Box 6327		i ne Ce	ntre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.)	·		
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300のられる</u> .	, ,	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<u>0 2 </u>		
(Principal office address MUST BE A STREET ADDRESS)		J23 4		
		50		
Enter new mailing address, if applicable:		ω !		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
	Florida	Zip Code		
	City	z.yr Coae		

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 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	Ashley Nicole Exposito	9704 NW 23 CT PEMBROKE PINES, FL 33024	■Add
			Remove
			□Change
			🗆 Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
			1.1
			□ Add
			🗆 Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Character

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 02/01/2023 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member Maylin Exposito Typed or printed name of signee

Filing Fee: \$25.00