# L23 100099398

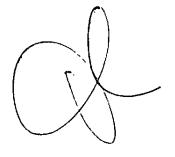
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#### **COVER LETTER**

TO: Registration Sector Division of Corposition Subject:	orations  TECOT	Stopt Selvice!	5 //C
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Renalde	Name of Person	
	WOIF C	Constant Seru	nces IIC
	262 50	57th Aug	<b>2023 F</b>
	Plantation	M <sub>1</sub> F <sub>1</sub> 33	2023 MAC 30 PH
	E-mail address:	to be used for future annual report notif	
For further information cor	ncerning this matter, please e	all:	· 📆 🗴
Jathalia Name of F	Person Person	$\frac{1}{2} = \frac{1}{2} \left( \frac{954}{2} \right) = \frac{582}{2}$	- 6458 Telephone Number
Enclosed is a check for the	following amount;		
S25.00 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 Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

icolf Constant	Services LL	· 
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1230(1)099398}{}$ .	y were filed on OA 12 4 12	023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	illia (Camana Valada i maila 911)	O' on the althoughtion W. J. C. "
The new name must be distinguishable and contain the words. Elimited Liab	onity Company. The designation DEC	or the above ration E.E.C.
Enter new principal offices address, if applicable:		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:	<del></del>	77 2
(Mailing address MAY BE A POST OFFICE BOX)		m <b>co</b>
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:	<del></del> -	<del></del>
New Registered Office Address:		
	Enter Florida street addre.	xs
	, FI	lorida
<del></del> -	City	Zip 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.

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change on the Services E. Effective date, if other than the date of filing: \_ (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. 03/25/2023 Dated\_\_ Signature of a member or authorized representative of a member

Typed or printed name of signee