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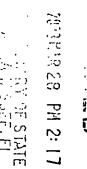
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EST HIST

R. HUNT 03/28/3

## **COVER LETTER**

TO:

TO: Registration of Division of	on Section f Corporations				
	L SERVICES AND MORE LL	С			
SUBJECT:	Name of	Limited Liability Company			
The enclosed Article	es of Amendment and fee(s) are	submitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	CARLOS A HENRRIG	QUEZ ARISMENDI			
		Name of Person			
	TOTAL SERVICES A	ND MORE LLC		( S	
		Firm/Company	•	[3]	
	461 CANDLEWICK C	CIR N		7023 HAR 28	
	<del></del>	Address			9
	LEHIGH ACRES, FL.	33936	SH Files	PM 2: 17	
	<del> </del>	City/State and Zip Code	FAI	 	
	carlosalbertousa2022@g			_	
		ss: (to be used for future annual report noti-	fication)		
For further informat	ion concerning this matter, pleas	se call:			
CARLOS A HENR	RIQUEZ	239 355-3054 at ( )			
N:	ame of Person	Area Code Daytime	e Telephone Number	_	
Enclosed is a check	for the following amount:				
□ \$25.00 Filing Fo	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of \$ Certified Copy (additional copy is	tatus &	
<u>Mailing Ac</u> Registrati	dress: ion Section	Street Address: Registration Sec	ction		
Division P.O. Box	of Corporations	Division of Cor The Centre of T	•		
	see, FL 32314		e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL SERVICES AND MORE LLC (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  $\frac{03/03/2023}{1}$ and assigned Florida document number L23000112392 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." 2271 41ST TERR SW Enter new principal offices address, if applicable: **NAPLES, FL 34116** (Principal office address MUST BE A STREET ADDRESS) 2271 41ST TERR SW Enter new mailing address, if applicable: NAPLES, FL 34116 (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:

	F	F <b>lorida</b> Zip Code
New Registered Office Address:	Enter Florida street addr	ress
Name of New Registered Agent:		<u> </u>

## 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
MGR	BELKIS BORREGO	2295 55TH ST SW	■Add
		NAPLES, FL 34116	□Remove
			□ Change
MGR	NATHANAEL HENRIQUEZ ARI:	227141ST TERR SW	■Add
		NAPLES, FL 34116	□Remove
			□Change
			SEE FORMER
			S DRemove
			∷ ATE 17 □Change
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			□Remove
			□Change
		□Add	
			□Remove
			□Change

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Effective date, if other than the date of filing:	Effective date, if other than the date of filing:  [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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
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Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00