L23000119814

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Special Instructions to Filing Officer:		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
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(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL	
Certified Copies Certificates of Status	(Business Entity Name)	
	(Document Number)	
Special Instructions to Filing Officer:	Certified Copies Certificates of Status	_
	Special Instructions to Filing Officer:	_

Office Use Only



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24 OCT -8 MIN: 35

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

PEREZ	ACEROS SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	, , , , , , , , , , , , , , , , , , ,
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	CARLOS ANDRES PERI	EZ DOMINGUEZ	
		Name of Person	
	CARLOS PEREZ		
		Firm/Company	
	2322 S PALMETTO AVE	E UNIT 11	
		Address	
	DAYTONA/FLORIDA/3;	2119	
		City/State and Zip Code	
	YAMILEACEROS1286@1		· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report notif	(ication)
For further informatic	on concerning this matter, please c	ali:	
CARLOS PEREZ DO	DMINGUEZ	863 5002785	
Nan	ie of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Adq</u> Registratio		Street Address: Registration Sec	tion
-	f Corporations	Division of Cor	
P.O. Box (5327	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) my)
The Articles of Organization for this Limited I Florida document number $\frac{1.23000119814}{1.23000119814}$	Liability Company were filed or	n 03/27/2023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :
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 appli	icable:	
Principal office address MUST BE A STRE	ET_ADDRESS)	22
Inter new mailing address, if applicable:	,	A to the second of the second
Mailing address MAY BE A POST OFFICE	<u> </u>	
		် မေး မ
 If amending the registered agent and/or igent and/or the new registered office addr 	• • •	ur records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	PEREZ DOMINGUEZ, CAR	RLOS A
New Registered Office Address:	2322 S PALMETTO AVE A	PT 11
	Enter	r Florida street address
	DAYTONA	Florida 32119
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

PEREZ ACEROS SERVICES LLC

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
AMBR	MARIA A. RODRIGUEZ	3480 YARIAN DR	
		HAYNES CITY/ FLORIDA/33844	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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ote:	ve date, if other than the date of filing: 10/04/2024 (optional) retive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recore Lis fil	I 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 ed.
ated _.	Florida 10/04. 2024. Carlos Perez Signature of a member or authorized representative of a member
	CARLOS PEREZ DOMINGUEZ

THE CAR OR