## L23000134355

(Requestor's Name)
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LLC N/c Amera



A. RAMSEY MAY 25 2023

## . COVER LETTER

TO: Registration So Division of Cor			
Change Na	me		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	unitted for tiling	
	ondence concerning this matter	-	
	Marjhorie		
		Name of Person	·
	MVP BUSINESS SERVIC	CES LLC	
		Firm/Company	<del></del>
	14848 SW 175 ST		
		Address	
	MIAMI, FL 33187		
		City/State and Zip Code	<del></del>
	llesmartprep@gmail.com	to be used for future annual report	notification)
For further information of	concerning this matter, please co		
Francisco Rivas		786 6750785	
	of Person		rtime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Fiting 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 Addres		Street Address	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	•		of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION - FILED

MVP BUSINESS SERVICES LLC

2023 APR -6 PM 1:09

(Name of the Limited Liability Company as it now appears on our records.) ARY OF STATE
(A Florida Limited Liability Company) TELLAHASSEE, FE TRIDA The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/15/2023}{1}$ \_\_\_\_\_ and assigned Florida document number L23000134355 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MPV BUSINESS SERVICES LLC 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 \_\_\_\_\_, Florida \_\_\_\_\_\_ Zip Code City

## 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
	<del></del>		□Add
			□Remove
			□ Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Remove
			Change
			□Remove
			□Remove
			Change

Effective date, if other than the date of filing:	
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03/29/2023	605.0207 listed as
Dated,	after the
Dated	
Marjhorie Pardo. Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	-

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