L23000140414

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	<u> </u>	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filling Officer:	

Office Use Only



900414470059

08/28/23--01010--012 **25.00

23 517:00

COVER LETTER

e professional designation of the second

TO:

Registration Section
Division of Corporations

LP HOME SUBJECT:	S SERVICES LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FERNANDO PELAEZ		
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	351 NW 51ST STREET		
	FORT LAUDERDALE , F	Address FL, 33309	
	lphomesservices@gmail.co	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
FERNANDO PELAEZ		754 3048747 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	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)
Mailing Address Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L23000140414</u>	mpany were filed onand assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation; "L.L.	
Enter new principal offices address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	C:	
Principal office address MUST BE A STREET ADDRE	[SSS] = 	
		-
	 .> f:2	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new	<u>regis</u>
Name of New Registered Agent:		
Name of New Registered Agent:		_
	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address Florida City Zip Code	

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>	Name	Address	Type of Action
MGR	FERNANDO PELAEZ	351 NW 51ST STREET.	≣ Add
		FORT LAUDERDALE, FL, 33309	Remove
			□Change
			□ Add
			□ Remove
			☐ Change
			□Add
			□ Remove
			☐ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
		 	Change
			□ Add
			Remove
			□Change
			□Add
			Remove
			□ Change

		-					
			 		-		
 		······································					
			···	·			
	******			.,, <u></u>			
							78.
					·		· · · · · · · · · · · · · · · · · · ·
							22
							1 + 44
					 	····	· · · · · · · · · · · · · · · · · · ·
			,				- <u></u>
							1 4,,
			08/15/2	003			
ffective da	ate, if other t	han the date of f	iling:		ling on more than (V	(optional)) Pursuant to 605.020
iote: If the	date inserted i	in this block does r	not meet the ap	plicable statute			will not be listed a
ocument's	effective date (on the Department	of State's reco	rds.			
	-:	l constitute dans form	· · · · · · · · · · · · · · · · · · ·		\1	-l: 6 (L) TL	a 00th day afta tha
recora spec l is filed.	inies a detayed	Ferrective date, but	. not an effectiv	e time, at 12:0	<i>т</i> а.нг. оп ин с с ая	incror (0) In	e 90th day after the
		00	_				
	1 2/	4 / /	201	7 %			
ated	Jogost	()	4-12-	/_ -/			
ated <i>f</i>	Jypost		T/D	2-1			
eated <u>/</u>	Jysst ———	B	Manuscrope of 2	1 (nuthorized repre-	sentative of a mem	ber	
ated <u>/</u>	Jysst ———	B		1 / nuthorized repres	sentative of a mem	her	