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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: <u>65 valet</u>	Services L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and	I fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Dillo	Name of Person
<u>G5</u> vo	riet Services L.L.C. Firm/Company
4555	NW 10th Way
Fort L	City/State and Zip Code
For further information concerning this m	E-mail address: (to be used for future annual report notification) natter, please call:
Dillon Migares Name of Person	at (954) 801-0162 Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
☐ \$25.00 Filing Fee ☐ \$30.00 Fil Certifica	ling Fee & S55.00 Filing Fee & S60.00 Filing Fee, tte of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: 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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on liability Company)	our records.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		ENY J
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		्र ज
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our recor	rds, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	
		. Florida Zip Code
No. 10 The Control of		гір Соае
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre 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 p being filed to merely reflect a change in the registered office	provided for in Chap addrage 1 baraby o	oter 605, F.S. Or, if this document is autism 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	Dillon Miyares	4555 NW 10th way	⊠Add
		Fort. Lauderdole, FL, 3330	□Remove
		816 SW 16th Ct	□Change
<u>VP</u>	Micheal Rowells	Fort. Laudardale, FL, 3331	<u>5</u> □Add
			Nemove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			🗆 Remove
			Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	re date, if other than the date of filing: JUIU 3 2023 (optional) tive 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 (f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to nt's effective date on the Department of State's records.
he record ord is file	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 d.
Dated_	July 3, 2023.
	Signature of a member or authorized representative of a member
	\mathcal{D}^{\prime}
	Dill Da Migares Typed or printed name of signee

Filing Fee: \$25.00