## L23000143400



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## **COVER LETTER**

TO: Registration S Division of Co			
ILE SERV	VICES LLC	•	
SUBSECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub		
riease return an corres	VENANCIO PEDRAZA	to the following.	
	-	Name of Person	
	ILE SERVICES LLC		
		Firm/Company	<del></del>
	825 N KEENE RD APT B		
		Address	
	CLEARWATER, FL 3375	5	
	ILESERVICES1@GMAII.	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
VENANCIO PEDRAZ	ZA	813 409-0299	
Name	of Person		: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing 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 Addr	ess:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ILE SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number <u>L23000143400</u> .	were filed on 03/21/2023	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or t	he abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		S VD
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	4-
		4 <sup></sup>
<ul> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ul>	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:	<del></del>	<del></del>
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	City	Zip Code

## 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
AMBR	ISMAEL PEDRAZA	825 N KEENE RD	<b>=</b> Add
		APT B	□Remove
		CLEARWATER, FL 33755	□Change
			Remove
		<del></del>	Change
			□Add
		<del></del>	□ Remove
			□ Remove
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ote: I	ive date, if other than the date of filing:  O7/24/2024  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P  If the date inserted in this block does not meet the applicable statutory filing requirements, this date without's effective date on the Department of State's records.	ursuant to 605.020 II not be listed a
ecord	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 led.	90th day after the
is file	07/24/2024	
is file	1/24/2024    Man(10   Payel     Signature of a member or authorized representative of a member	