## L23000144606

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## **COVER LETTER**

TO:

	Registration Se Division of Cor		•		
CHID HEA		. TILE SERVICES LLC			
SUBJEC	.l:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	indence concerning this matter	to the following:		
		MAGALY NAVARRO			
			Name of Person		
		MAGALY'S MULTI-SER	VICES LLC		
	70?				
			Address	7923 . H. T.	
ORLANDO, FL 32837					
			City/State and Zip Code	ان 	
		magalynfms@gmail.com		ت مرد مردد مردد المردد	
		E-mail address: (	to be used for future annual report not	ification)	
For furth	er information c	oncerning this matter, please ca	all:	, ;; c	
MAGALY NAVARRO		407 864-3793 at ()			
	Name o	f Person		ne Telephone Number	
Enclosed	l is a check for th	ne following amount:			
<b>■</b> \$25.	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration So	ection		
Division of Corporations			Division of Co	rporations	
	P.O. Box 632		The Centre of		
	Tałlahassee, FL 32314		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & R ALL TILE SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/21/2023}{1}$ \_\_\_\_\_ and assigned Florida document number L23000144606 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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	LOPEZ HERNANDEZ, JOSE	16 E WALLACE ST, ORLANDO, FL 32809	□Add
			=Remove
			□Change
AMBR	LOPEZ HENRIQUEZ, JOSE	16 E WALLACE ST, ORLANDO, FL 32809	
			□Remove
			□Change
	<del></del>	<del> </del>	ÖAdd
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	block does not meet the application. Department of State's records.	able statutory filing re	quirements, this date will	not be listed a
uniciti s'effective date on me	Department of State 3 records.			
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and entailine a dalated affice	tive date, but not an effective to	ne, at 12.01 a.m. on t	ne earner of. (b) The 90	in day after the
cord specifies a delayed effect				
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s filed. ed	Mez Henrigua Signature of a member of autho	アン・ rized representative of a	ı member	

Filing Fee: \$25.00