Division of Corporations

Ta:

4/13/23, 12:20 PM

Florida Department

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Division of Corporations .

Fax Number :..(850)617-6383...

Account Name . : A PLUS ACCOUNTING GROUP LLC

Account Number : 120210000188 : (786)348-3628

Phone

: (786)513-2455 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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Fma	i	1	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AHC SERVICE GROUP LLC

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Page 1 of 2

P.O. Box 6327

Tallahassee, FL 32314

,	C	COVER LETTER	•		
TO: Registration Se Division of Cor, AHC SERV	ction porations ICE GROUP LLC .	, D	r . "		
SUBJECT:	Name of Limit	ed Limbility Company			
•					
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			1
Please return all correspon	ndence concerning this matter t	o the following:			
	ALAIN J HERNANDEZ	CRUZ			
	· · ·	- Name of Person			
		.:		,	į.
	· · · · · · · · · · · · · · · · · · ·	Fim/Company .			
	350 S MIAMI AVE 3811				
		Address		:	
	MIAMI, FL 33130			· · · · · · · · · · · · · · · · · · ·	2023
		City/State and Zip Code		#2 #2	A PR
	davidponce37@yahoo.com	to be used for future annual report notification)	· 0/2	
For further information c	oncerning this matter, please co	•			3
ALAIN I HERNANDEZ		786 6783012		50	
	· · · · · · · · · · · · · · · · · · ·	et ()	· · · · · · · · · · · · · · · · · · ·	25 <u>1</u>	<u></u>
Name o	f Person	Area Code Daytime Telep	shane Number	דונד	
·					
Enclosed is a check for the	ne following amount:				į
宮 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (#dditional copy is enclosed)	\$60.00 Filing Fee, Certificate of State Certified Copy	•	
·			(additional copy is end	losed)	}
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	• • • • • • • • • • • • • • • • • • • •			•	}
Mailing Addres		Street Address:	•		
Registration S	Section	Registration Section	1 _.		}
Division of C	Corporations	Division of Corpore	itions		
P.O. Box 632	27	The Centre of Talla	hassee		1

2415 N. Monroe Street, Suite \$10 Tullahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AHC SERVICE GROUP LLC		
(Name of the Limited Liability	Commany as it may appears an our remited Liability Company)	eards.)
		•
The Articles of Organization for this Limited Linbility Con	npany 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 limite	d liability company here:	
	· · · · · · · · · · · · · · · · · · ·	u.t.C" as the abbreviation "I.T.C"
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	LEC of the above vianori class.
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
	· · ·	
	•	*
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		S S S
B. If amending the registered agent and/or registered	office address on our records, <u>e</u>	nter 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 (nddress
	,	•
	City	, Florida
		•
New Registered Agent's Signature, If changing Registered		I forther grow to comply with the
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mptete perjormance of my awi on as provided for in Chapter	605, F.S. Or, if this document is
	If Changlag Registered Agent, Sign	nture of New Registered Agent

MGR = 1 AMBR = 1	Manager Authorized Member			
ritle PRE	Name ALAIN J HERNANDEZ CRUZ	Address 350 S MIAMI AVE #3811 MIAMI, FL 33130	Type of Action	
			宮 Remove	
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D. If:	amending any other info	ormation, enter change(s) here: (At	ttach additional sheets, if necessary	.) · · ·	[]
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Ecc.	ective date, if other that	a the date of filing:	(optional)).	• .
(If an	offective date is listed, the date	re much be receiffe and cannot be prior to date	e of filing or more than 90 days after filing	ر) Pursuant to 605,0207 (3)(b)	
<u>Not</u> doci	e: If the date inserted in the unent's effective date on the contract of the c	his block does not meet the applicable s the Department of State's records.	matutory trining requirements, this con-	`.	
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he rec	cord specifies a delayed eff	fective date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) T	he 90th day after the	
ord is	s filed.				
	4/13/2023				
Date	ed <u>-</u>				
	- Descripted by	Ant Co. I			
	RIAIS RIVIALE ALA A	atti, Scivice			
	Min Herender a	Signature of a member or authorized	representative of a member		
	- Carrier Services	Signature of a member or unthorized dez @ AHC Service	representative of a member		

Filing Fee: \$25.00