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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Section Division of Corporations
	ANT barriera

SUBJECT: MV Services Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nelson HUDREZ peonelax Firm/Company 774 ST 1830 NW 202 Sui Address Miami FL 33125 iNFORNAINCOMETAX. Com E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>305</u>) <u>381-536</u> Area Code Daytime Telephone Number 10/12 Name of Person

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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT	
ТО	
ARTICLES OF ORGANIZATION	
OF	
MU SERVICES & Repairs 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 $\underline{\mathcal{OU}/\mathcal{I}}/\mathcal{A}\mathcal{A}\mathcal{A}$ and assigne Florida document number $\underline{\mathcal{I}}\mathcal{A}\mathcal{A}\mathcal{OU}\mathcal{A}\mathcal{A}\mathcal{A}$.	d

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

pany." the designation "LLC" or the abbreviation "LLC"
<u> </u>
5 5 5 L

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
		lorida
	City	ZipCixie

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	Tania Montero	Address 5549 NW 194 LN Miami Yardun, FL 38055	Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed. \int record is filed.

Dated	04/15/2027	
	X Aiter	
	Signature of a member or authorized representative of a member	
	Mario/Dieturia RioL	
	Typed or printed name of signee	_

Filing Fee: \$25.00

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