

L23000186406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

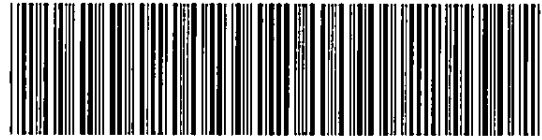
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

LLC Amendment

Office Use Only



900452843629

06/23/25--01017--010 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2025 JUN 23 AM 10:40

FILED

AB  
6/15/25

Ana L. Reyes Lam  
Manager  
Servilex LLC  
4515 Cypress Cay Way  
Kissimmee, FL 34746

June 17, 2025

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Resubmission of Request to Amend LLC Membership – Servilex LLC

Dear Sir or Madam,

I am writing to follow up on a recent submission to your office regarding the amendment of the membership of our limited liability company, Servilex LLC.

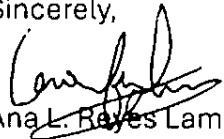
Unfortunately, the original mailing was sent without the required \$25 check to process the request. Please disregard that previous submission. Enclosed with this letter is the same completed form along with the required payment.

I apologize for the oversight and appreciate your understanding. Kindly process this resubmission in place of the earlier one.

Should you need anything further to complete this filing, please do not hesitate to contact me at (321) 248-4860.

Thank you for your attention and assistance.

Sincerely,



Ana L. Reyes Lam  
Manager  
Servilex LLC

FILED  
2025 JUN 23 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SERVILEX LLC

Name of Limited Liability Company

FILED

2025 JUN 23 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FL

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

Please return all correspondence concerning this matter to the following:

Ana L. Reyes Lam

Name of Person

SERVILEX LLC

Firm/Company

4515 Cypress Cay Way

Address

Kissimmee/ FL 34746

City/State and Zip Code

info@upfront.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julian J. Gonzalez

321 248-4860  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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  
TO  
ARTICLES OF ORGANIZATION  
OF**

SERVILEX LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

**FILED**

2025 JUN 23 AM 10:41

The Articles of Organization for this Limited Liability Company were filed on 04/14/2023

SECRETARY OF STATE  
TALLAHASSEE, FL

Florida document number L23000186406

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 "L.L.C."

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

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Lam Gálvez de Reyes, Ana Refugio	6a calle A 34-03 zona 11, Residencial V	<input checked="" type="checkbox"/> Add
		Guatemala, Guatemala City	<input type="checkbox"/> Remove
		01011, GT	<input type="checkbox"/> Change
MGR	Reyes Lam, Javier Arnulfo	6a calle A 34-03 zona 11, Residencial V	<input checked="" type="checkbox"/> Add
		Guatemala, Guatemala City	<input type="checkbox"/> Remove
		01011, GT	<input type="checkbox"/> Change
MGR	Reyes Lam, Ana Lucia	4515 Cypress Cay Way	<input checked="" type="checkbox"/> Add
		Kissimmee	<input type="checkbox"/> Remove
		34746, FL	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF STATE  
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2025 JUN 23 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

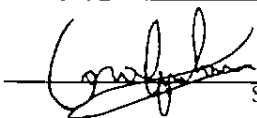
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**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.

Dated June 16, 2025



Signature of a member or authorized representative of a member

Ana L. Reyes Lam

Typed or printed name of signee

Filing Fee: \$25.00