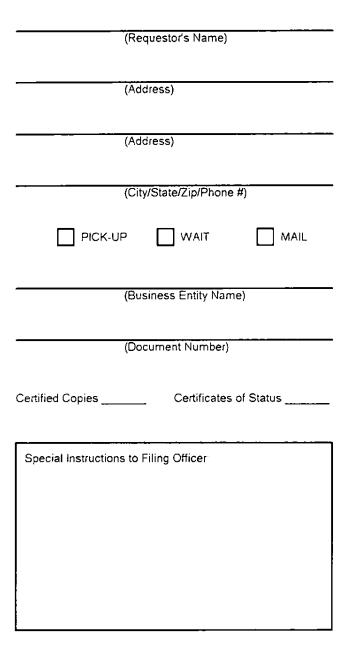
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COVER LETTER

TO:	Registration Se Division of Cor			
		isiness Group LLC		
SUBJI	:C1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please	return all correspo	ndence concerning this matter	to the following:	
		Lucy E Melo		
		, <u>, , , , , , , , , , , , , , , , , , </u>	Name of Person	
		Services Business Group L	LC	
			Firm/Company	
		13705 SE 44th Avenue		
			Address	
		Summerfield, FL 34491		
		servicesbusinessgrouplle@g	City/State and Zip Code	
			to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Lucy I	E. Melo		407 8078246	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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 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

COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
Services B	usiness Group LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lucy E Melo Martinez		
		Name of Person	
	Services Business Group L	LC	
		Firm/Company	
	13705 SE 44th Avenue		
		Address	
	Summerfield FL, 34491		
		City/State and Zip Code	
	servicesbusinessgrouplle@g	gmail.com to be used for future annual repor	(notification)
For further information of	oncerning this matter, please ca	•	
Lucy E Melo Martinez		407 807-824	
Name o	of Person	at () Area Code Da	sytime Telephone Number
Enclosed is a check for t	-		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addres		Street Addres Registration	
Registration Division of C		-	Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Services Business Group LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited l	my as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L23000189631	Liability Company	were filed on April 17 2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	1 917 2 1 7 1	En Company of LC and the control of LC and t	hhaviation "L. I. C."
-		9311 SE Maricamp RD #1025	poreviation (L.L.C.
Enter new principal offices address, if appli Principal office address MUST BE A STRE		Ocala FL 34472, Estados Unidos	202): 1:
	<u> </u>		
Enter new mailing address, if applicable:		9311 SE Maricamp RD #1025	:0 .
Mailing address MAY BE A POST OFFICE	S BOX)	Ocala FL 34472, Estados Unidos	
			<u>ښ</u>
B. If amending the registered agent and/or	registered office :	address on our records, enter the nar	
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Lucy E Melo		
New Registered Office Address:	13705 SE 44th	Avenue	
		Enter Florida street address	
	Summerfield	, Florida ³	4491
		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. Si	ignature 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
MGR	Lucy E Melo Martinez		□Add
		13705 SE 44th Avenue, Summerfield FL 34491	□Remove
			≘ Change
MGR	Teddy J Torres Perez		□Add
		13705 SE 44th Avenue, Summerfield FL 34491	≣Remove
			□Change
· 			= Add
			□Remove
			□Change
			\ \ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

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ective date, if other than the effective date is listed, the date mu	st be specific and cannot be prior.	to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605
te: If the date inserted in this bument's effective date on the D	lock does not meet the applica	able statutory filing requi	rements, this date will not be list
unen serieouve date on the fa	epartment of State's records.		
cord specifies a delayed effective	e date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th day afte
s filed.			•
16 January	2024		
ed		<u> </u>	
	Com ²		
	Signature of a member or author	_,	

Filing Fee: \$25.00

Typed or printed name of signee