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A. PARISHANI OCT 2 1 2023

COVER LETTER

TO: Registration S Division of Co		•	•	
	JP SERVICES & SOLUTIONS	S LLC		
SUBJECT:	Name of Lin	nited Liability Company	,	
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.	÷	
Please return all corresp	ondence concerning this matter	to the following:	2023 /115 29 1.11 10: 1.8	
	CLAUDIA GIRALDELL	LLIMA	. i0:	
		Name of Person	C3	
		Firm/Company		
	2546 AULD SCOT BLVI	546 AULD SCOT BLVD		
		Address		
	OCOEE, FL 34761			
		City/State and Zip Code	·· ·	
	INFO@CLAUDIALIMAT			
For further information	t-mail address; concerning this matter, please c	to be used for future annual report noti	fication)	
CLAUDIA LIMA	- control of the cont	407 552-7903		
Name of Person		at () Area Code Daytim	e Telephone Number	
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 Addre</u> Registration	Section	Street Address: Registration Sec		
Division of C P.O. Box 63.		Division of Cor The Centre of T		
Tallahassee,			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MS GROUP SERVICES & SOLUTIONS 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 $\frac{04/20/2023}{1}$ and assigned Florida document number L23000197030 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: 5981 RALEIGH ST APT 3232 (Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32835 Enter new mailing address, if applicable: 5981 RALEIGH ST APT 3232 (Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FL 32835 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:

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.

Enter Florida street address

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	MICHELINE VILELA TOLEDO	5981 RALEIGH ST APT 3232	
		ORLANDO, FL 32834	□Remove
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effective date is listed, the date must be spec	cific and cannot be prior to	o date of filing or more	than 90 days after f	iling.) Pu	rsuant to 605.020
te: If the date inserted in this block doe ument's effective date on the Departme		ble statutory tiling r	equirements, this	date wil	not be listed a
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cord specifies a delayed effective date, t s filed.	out not an effective fin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90	oth day after the
AUGUST 7TH	2023				
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Typed or printed name of signee