L23000200135

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer: J. HORNE				
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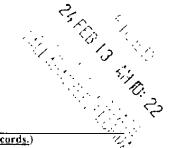
COVER LETTER

TO: Registratio Division of	n Section Corporations	•	e en
SUBJECT: 7	lis papeles L Name of Lin	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Esmel Abi	REUPRUNG Name of Person	
		Firm/Company	
	_6939W53	Bvd ST Address	_
	TampaFi	City/State and Zip Code Wahoo. Com to be used for future annual report noti	
	E-mail address: (to be used for future annual report noti	fication)
For further information	on concerning this matter, please c	all:	
Esmel A	brev Prung me of Person	at ()	158-3938 e Telephone Number
Enclosed is a check f	or the following amount:		
⅓ \$25.00 Filing Fe	e S30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Mis babeles 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 Florida document number $\angle 23000200735^{\circ}$. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mis habeles Multi-Services LLC

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

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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	
Note: If a	date, if other than the date of filing:
f the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	02/08/2024
	Signature of a member or authorized representative of a member
	Esmel Abres Pring Typed or printed name of signee