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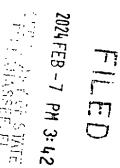
(R	equestor's Name)	•
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PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co			
	MULTI-SERVICE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nixon Joya		
	-	Name of Person	
		Firm/Company	
	7100 NW 24th ST		
		Address	
	Sunrise, FL 33313		
	Nickjoya954@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Nixon Joya		954 8373983 at ()	: Telephone Number
Name	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	the following amount:		
ភ \$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)

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

N. JOYA MULTI-SERVICE LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 05/03/2023	and assigned
lorida document number L23000218002		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
JOYA RESTORATION&PAINTING LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abl	breviation "L.IC."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)	political designation of the control	
		1
	į.	PM
Enter new mailing address, if applicable:	 सर	
Mailing address MAY BE A POST OFFICE BOX)		
	,	IV
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new reg
N. CNI D. T. L.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r tortua street adaress	
	, Florida	71. 6. 1
	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.

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factive data if other	than the date of filing:		(n=4; n=1)	
an effective date is listed. t ote: If the date inserted	the date must be specific and cannot led in this block does not meet the conthe Department of State's re-	applicable statutory filin	(optional) ore than 90 days after filing.) Pursua g requirements, this date will no	nt to 605.0207 (t be listed as t
ecord specifies a delay is filed.	ed effective date, but not an effec	ctive time, d. 12:01 a.m. (on the earlier of: (b) The 90th o	Jay after the
February 2	202	1	n	
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Typed or printed name of signee