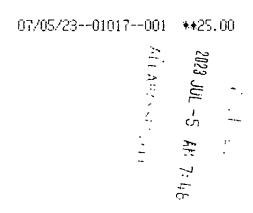


(Requestor's Name)
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COVER LETTER

TO:		istration Sec sion of Corp		7	
CUBIC			Aulti-Service LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	-
The enc	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn	all correspor	ndence concerning this matter	to the following:	
			Olmedina Y Asencio		
				Name of Person	_
			Guerrero's Multi-Servicios	LLC	
				Firm/Company	
			641A YAK COURT		
				Address	· ·
			KISSIMMEE, FL 34759		
				City/State and Zip Code	
			yamiletolmedina@gmail.co		-
			E-mail address: (to be used for future annual report notification)	
For furt	her in	formation co	oncerning this matter, please co	all:	
Olmedi	na Y .	Asencio		407 669-3228	
		Name of	Person	at () Area Code Daytime Telephone Numb	per
Enclose	d is a	check for th	e following amount:		
■ \$25	5. 0 0 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy at copy is enclosed)
		ling Address		Street Address: Registration Section	
	Div	ision of Co	orporations	Division of Corporations	
). Box 632° lahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AND TO ARTICLES OF ORGANIZATION 2023 JUL -5 Att 7:48

GUERRERO'S MULTI-SERVICIOS LLO

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

(A Flor	rida Limited Liab	ility Company)		,
The Articles of Organization for this Limited Liability Florida document number L23000251798		ere filed on 05/23/20	023	_ and assigned
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liabilit	y company here:		
The new name must be distinguishable and contain the words "I	imited Liability	Company," the designa	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		P-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
(Principal office address MUST BE A STREET AD	DRESS)			···
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- -			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ress on our recore	ds, enter the name	of the new registered
Name of New Registered Agent:				
New Registered Office Address:	·	Enter Florida st	Pout address	
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:			

N

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 fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Olmedina Y Asencio	641A YAK COURTKISSIMMEE, FL 34759	= Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			Change
	<u> </u>		□Add
			Remove
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			□Add
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specif block does	ic and cannot not meet the	be prior to applicable	date of filing	or more than	(opti 90 days after rements, thi	· filing.) Pursua	nt to 605.0207 t be listed as
he record specifies a delayed effect ord is filed.	tive date, bu	st not an effe	ective time	e, at 12:01 a	.m. on the c	arlier of: (b) The 90th	day after the
		202:	3					
06/30 Dated			-					
Dated		Thur the	W T					

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Filing Fee: \$25.00