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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INFANTE MULTI SERVICES INC

Account Number : 120220000173

: (786)342-4106

Fax Number

: (786)342-4106

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address | | | | | | |
|-------|---------|--|--|--|--|-------------|--|
|-------|---------|--|--|--|--|-------------|--|

· LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORDOVA AUTO RESTORATIONS & MODIFICATIONS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

COVER LETTER

TQ: Registration Section Division of Corporations CORDOVA AUTO RESTORATIONS & MODIFICATIONS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: OSMARY SOSA Name of Person Firm/Company 761 NW 35 COURT Address MIAMI, FL 33125 City/State and Zip Code alietcordova@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Osmary Sosa 786 688-2133 Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

目 \$25.00 Filing Fee

2000年1月1日 | 1000年1日 | 10

☐ \$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

Τo.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| (Name of the Lin | nited Liability Company as it now appears on ou (A Florida Limited Liability Company) | ir records.) |
|--|--|--|
| The Articles of Organization for this Limited Florida document number | | 23 and assigned |
| This amendment is submitted to amend the fo | ollowing: | |
| 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 designa | ution "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | |
| (Principal office address MUST BE A STRE | EET ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: Muiling address MAY BE A POST OFFICE | E BOX) | |
| Muiling address MAY BE A POST OFFICE | registered office address on our reco | rds, enter the name of the new 1 |
| , , | registered office address on our reco | rds, enter the name of the new i |
| Mailing address MAY BE A POST OFFICE If amending the registered agent and/or | registered office address on our reco | rds, enter the name of the new i |
| Mailing address MAY BE A POST OFFICE If amending the registered agent and/or the new registered office address to the new Registered Agent: | registered office address on our recoress here: | rds, enter the name of the new i |
| Mailing address MAY BE A POST OFFICE If amending the registered agent and/orent and/o | registered office address on our recoress here: Infante Multi Services Inc 8245 NW 36 ST SUITE 9 | e street address |
| Mailing address MAY BE A POST OFFICE If amending the registered agent and/or the new registered office address of New Registered Agent: | registered office address on our recoress here: Infante Multi Services Inc 8245 NW 36 ST SUITE 9 | Struct address |

Ne

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 Chilinging Registered Agent, Signature of New Registered Agent

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From Infante Multi-

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 |

ON A WHITE PARKETUM CONTRACTOR

| <u>Title</u> | <u>Name</u> Alief Cordova hernandez | Address 761 NW 35TH CT MIAMUFL 33125 | Type of Action |
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| AMBR | Aliai Condovamanana | | bbA≘ |
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| Note: I. | re date, if other than the date of filing: |
| record I is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | 09/06/23 |
| ated | |
| ated | |
| ated | |
| ated | Signature of a member or authorized representative of a member |
| ated | Signature of a member or authorized representative of a member |