## L23000317597

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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor		•	<b>₽</b>
SUBJECT: A P	Abel Servi	ces MK Lhe	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANABel	Reyes Name of Person	
		Name of Person	
	ANAbel E	Pirm Company	hhe
	<del></del>	Firm/Company	
	1200 NW	114th AVR AF	+ 209
		Address	
	DERAL	FL 33178	
		FL 33178 City/State and Zip Code	
	ANA be/Reg	125688 P 6 H A 1 to be used for future annual report noti	L. CD M
For further information c	oncerning this matter, please c		
ANAbel	Relies	at ( <u>\) 86 (</u> 92) Area Code Daytim	L 4109
Name o	( Person	Area Code Daytim	e Telephone Number
Carolina of the about the est	c. E.Hamina answers		
Enclosed is a check for the	-	_	
\$2 \$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 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

auchol Services WK Lhe

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	reary on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{23000317597}{}$	07/03/2023 and assigned
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," th	ne designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2073 *
Principal office address MUST BE A STREET ADDRESS)	100 90
	22
Enter new mailing address, if applicable:	-p ::: 
Mailing address MAY BE A POST OFFICE BOX)	2
3. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter I	Florida street address
	, Florida Zip Code
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.

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>	<u>Address</u>	Type of Action
P	Anabel Reyes	7200 NW 114 +4 AUR	IAdd
		APT 209 DORAL, FL 351)	<u>K</u> Kemove
			<b>X</b> Change
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ective date, if other than the date of filing:	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the applic	cable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records	s.
annel as mistar a delinia la Wanting data dan asserta afficiation l	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after t
s filed.	
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ded 08/18/2023	
ANA bel Reyes  Signature of a metaber or auth	
ANABEL Regis	