L23000393352

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COVER LETTER

то:	Registration Se Division of Cor		>-	ng 46 49
SUBJI		SERVICE LLC		
SOBJ		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Julian Andres Torres Rodr	iguez	
			Name of Person	
			Firm/Company	
		5731 Flagler Street		
			Address	
		Hollywood, Florida 33023		
		julian.andres11233@gmail.	City/State and Zip Code com	
Var fu	othur influenceion a		to be used for future annual report no	otification)
		oncerning this matter, please c		
Julian Andres Torres Rodriguez		754 286-2000 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	25.00 Filing Fee	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		Street Address: Registration S	Section	
Division of Corporations		Division of C		
	P.O. Box 632		The Centre of	Tallahassee
	Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISPAC SERVICE LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on August 21, 2023	and assigned
lorida document number 1.23000393352		<i>5</i>
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
CHRISPAU SERVICE LLC		
he new name must be distinguishable and contain the words "Limite	ed 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 ADDRE		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered o	office address on our records enter the ma	e : ma of the dans receipt.
gent and/or the new registered office address here:	office address on our records, enter the na	me of the new registe
-		t
Name of New Registered Agent:		1
		•
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip Code
	cu,	гар соне

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 Changing Registered Agent, Signature of New Registered Agent

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
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Iffective date, Lan offective date	if other than the	date of filing:	t he prior to date of fili	nu or more than 90 day	(optional) s after filing.) Pursuant t	a 605 0207
Note: If the dat	te inserted in this bl	ock does not meet th epartment of State's	e applicable statuto	ry filing requirement	s, this date will not be	e listed as
record specified is filed.	s a delayed effectiv	e date, but not an eff	ective time, at 12:0	l a.m. on the earlier	of: (b) The 90th day	after the
Dated _ <i>09-</i>	29:20	<u> 23 · </u>				
	(/)	XX (1				

Filing Fee: \$25.00

Typed or printed name of signee