L23000397122

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COVER LETTER

TO: Registration So Division of Co		•	٠,
		C SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ABDE	LLATIF BACHIKH	
		Name of Person	
		Firm/Company	
	11952 REEDY CREEK D	R APT 303	
		Address	·
	ORLANDO, FL 32836		
		City/State and Zip Code	
	AJAFFORDABLESERVIC	ES@GMAIL.COM to be used for future annual report:	notification)
For further information of	concerning this matter, please ca		
ABDELLATIF BACHIKH		407 764-3499 at ()	1
Name c	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
✓ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address Registration	<u>:</u> Section
Division of C		Division of C	
P.O. Box 633	-		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

l.. . '

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	BREEZE AC SERVICES ited Liability Company as (A Florida Limited Liabili	S LLC it now appears on our records ty Company)	DAFARSON O
The Articles of Organization for this Limited I Florida document number L23000397122	Liability Company were	filed on 08/23/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability o	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	_		
B. If amending the registered agent and/or agent and/or the new registered office addre		ess on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	ABDELLATIF BACHIKH		
New Registered Office Address:	11952 REEDY CREI	EK DR APT 303	
	_	Enter Florida street address	
	ORLANDO		rida 32836
	(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 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
AMBR	ABCELLATIF BACHIKH	11952 REEDY CREEK DR APT 303	
		ORLANDO, FL 32836	= Remove
			□Change
AMBR	ABDELLATIF BACHIKH	11952 REEDY CREEK DR APT 303	≣ Add
		ORLANDO, FL 32836	□Remove
			□ Change
			□Add
			□Remove
		<u></u>	□Change
		·	□ Add
			□Remove
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			□Change

							
							
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If an effective da Note: If the d	e, if other than the date is listed, the date must bate inserted in this blocafective date on the Dep	e specific and o k does not me	cannot be prior t eet the applica	o date of filing or	more than 90 days ing requirement	after filing.) Pursu	ant to 605.0207 (ot be listed as t
e record specif rd is filed.	ies a delayed effective	fate, but not a	m effective tir	ne. at 12:01 a.n	n, on the earlier (of: (b) The 90th	day after the
	08/28	,	2023	_ ·			
Dated							
Dated		batel Hiff gnature of a m	e ach	rized representati	ve of a member		

Filing Fee: \$25.00