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SECRETARY OF STATE

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COVER LETTER

TO: Registration Set Division of Con			*
SHRIECT:	as And South Por	madelina III	
SUBJECT	ye And son Re	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carolina	Cantin Name of Person	
		ica Multiservices Firm/Company	
	936 NE 69	2nd St Address	
		Tale, FL 33334 City/State and Zip Code	
	E-mail address:	A MULTI SPYNUS P	yah ao .com
For further information c	oncerning this matter, please c	all:	
_ Cardina Ca	Min	at (18le) 525 - Area Code Daytim	9867
Name o	i reison	Area Code Dayiin	k Vetepilone Number
Enclosed is a check for the	he following amount:		
□ \$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 S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

350851810551:26.

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number <u>L 23000 405978</u> 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," the designation "LLC" or the abbreviation "L.L.C." SAME Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cuv

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>	Name	Address	Type of Action
MGR	Carolina Carrin	1025 NW prospect 11	□Add
		Ft. Lauderdale fl 33309	A Remove
			□Change
NGR	Jorge Farrirez Barriermos	1025 nw prospect 11	WAdd
		Ft. Lauderdale Fl 53309	□Remove
			□Change
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Effective If an effect Note: If	date, if other than the date of ive date is listed, the date must be speci the date inserted in this block does it's effective date on the Departmen	s not meet the appl	licable statutory filin	(option ore than 90 days after fi g requirements, this c	nal) ling.) Pursuant to 605.0207 late will not be listed as
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document	pecifies a delayed effective date, b	out not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
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Filing Fee: \$25.00