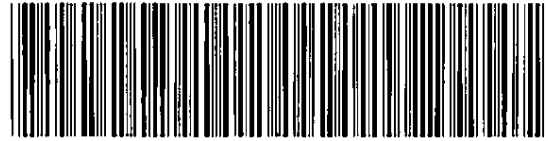


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lazaro Multiservice, LLC  
Name of Limited Liability Company

The enclosed Article(s) of Amendment and (ver)s are submitted for filing

Please return all correspondence concerning this matter to the following:

Haidara Rodriguez  
Name of Person

702 Petaches Pl  
Address

Groveland, FL 34736  
City, State and Zip Code

lazaramultiservice@gmail.com  
E-mail address (do not use for future annual report notification)

For further information concerning this matter, please call

Haidara Rodriguez 813 204-4597  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount

- \$25.00 Filing Fee
- \$20.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is not listed)

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

----- Lazaro Multiservice LLC -----  
(Name of the Limited Liability Company, as it now appears on our records,  
or Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/1/2023 and assigned  
Florida document number L23LX0407423

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lazaro Multiservices LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office 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)

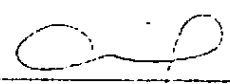
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Carilyn Santiago  
New Registered Office Address: 11461 S. Orange Blossom Tr. S. S. 5  
Enter Florida street address  
Orlando Florida 32837  
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*Thereby 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



D. If amending any other information, enter change(s) here: *(Attach additional sheets if necessary)*

- The "S" was added to the name
- of company
- Added owner of company (Lazaro Fundora)
- Added registered agent.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (1)(b)  
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (a) \_\_\_\_\_ or (b) The 90th day after the record is filed.

Dated November 4 2023



Signature of a member or authorized representative of a member

Haidara Rodriguez  
 (typed or printed name of signer)

Filing Fee: \$25.00