123000411273

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(22020
(Document Number)
(2004ment namber)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1

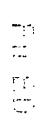
Office Use Only



100416929541

19/19/23--01009--018 **25.00







COVER LETTER

Registration Section
Division of Corporations

TO:

SALAZA SUBJECT:	R INTERNATIONAL MULTIS	ERVICES, LLC.	
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	unitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	SALAZAR PEREZ, LUIS	A EUGENIA	
		Name of Person	
	SALAZAR INTERNATIO	ONAL MULTISERVICES, LLC.	
		Firm/Company	
	25144 SW 118TH CT.		
		Address	
	HOMESTEAD, FL 33032	2	
		City/State and Zip Code	
	luisafer1405@hotmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
LUISA EUGENIA SA	LAZAR PEREZ	786 760-4449	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited		
(A Florida Limited)	Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 09/01/2023	and assigned
lorida document number L23000411273		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	25144 SW 118TH CT.	
Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FL 33032	
Inter new mailing address, if applicable:	25144 SW 118TH CT.	(;; 2023 OC
Enter new maining address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FL 33032	
		ر ا
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
The state of the s		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Address	Type of Action
MGR	LUISA EUGENIA SALAZAR PEI	25144 SW 118TH CT. HOMESTEAD , FL 33032	= Add
			□Remove
			□Change
MGR	LUISA EUGENIA SALAZAR PEI	2710 SW 154 CT MIAMI, FL 33185	□Add
			■Remove
			□Change
			🗆 Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

		
Straffichte Andrewskinsen		.
<u>,</u>		· · · · · · · · · · · · · · · · · · ·
-		
·		
	 -	
		-
		·
 		
Effective date, if other than the d	ite of filing:	(optional)
If an effective date is listed, the date must b	e specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 605.0207 of ling requirements, this date will not be listed as t
document's effective date on the Dep		ming requirements, this date will not be listed as i
e record specifies a delayed effective o	ate but not an effective time at 12:01 a	m. on the earlier of: (b) The 90th day after the
rd is filed.	are, out not an effective time, at 12.01 a.	in. on the earlier of. (b) The 70th day after the
September 27th	2023	
Luisa E.C	Marian	
Si	Wife 1. gnature of a member or authorized represental	tive of a member
	·	
LUISA EUGENIA SALA	ZAR PEREZ	
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signe	<u> </u>