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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : 120200000155

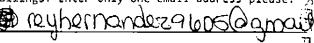
Phone

: (305)882-1238

Fax Number

: (305)882-1260

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



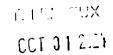
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KING'S HERNANDEZ SERVICES LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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COVER LETTER

	egistration Selvision of Col			
SUBJECT		ERNANDEZ SERVICES LLO		
SUBJECT	;	Name of Liv	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sul	unitted for filing.	
		ondence concerning this matter	_	
		REY D HERNANDEZ TO	ORRES	
			Name of Person	
			FimvCompany	
		1811 UTOPIA DR		
			Address	
		MIRAMAR, FL 33023		
		DESCRIPTION AND ERACACO	City/State and Zip Code	
		REYHERNANDEZ9605@ E-mail address:	GMAIL,COM to be used for future annual report no	etification)
For further	information c	oncerning this matter, please o	•	
REY D HE	RNANDEZ 1	TORRES	954 552-5245 Area Code Daytii	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne 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 (*dditional copy is enclosed)
Re Di P.	ailing Addres egistration S vision of C O. Box 632 Iliahassee, F	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		nny as it now appears on our Liability Company)	r records.)				
The Articles of Organization for this Limited L Florida document number L23000419003		, ,		8	and assi	gned	
This amendment is submitted to amend the follo	owing:						
A. If amending name, enter the new name of	f the limited liab	dlity company here:					
	·		······································				
The new name must be distinguishable and contain the w		lity Company," the designation	on "LLC" or the	e abbrevia	itlon "L.L	.C."	
Enter new principal offices address, if applic <i>(Principal office address MUST BE A STREE</i>	,	MIRAMAR FL 33032					
THEODIE OFFICE RELIESS MOST BE ASTREE	<u>x xxxxxcas)</u>						
Enter new malling address, if applicable:		1811 UTOPIA DR					
<u>Mailing address MAY BE A POST OFFICE.</u>	BOX)	MIRAMAR FL 33032					
			••				
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office as here:	address on our records,	enter the n	ame of t	2024 SEP	registe	
Name of New Registered Agent:				FRY HAS	30	=	
New Registered Office Address:	1811 UTOPIA	DR		OF S	2		
	MIRAMAR	Enter Florida stree		7 A 7	0.1:1		
	MINAMAN	City	, Florida	330 32 Zio	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 = M $AMBR = A$	lanager .uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		-	□ Change
			□Change
			□Remove
			Change
			□Remove
			□ Change
			□Add
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			□Remove
			□ Change

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<u> Fote:</u> If	the date inserted	l in this block doe	s not meet t	the applicab	date of filing (le statutory f	or more than 90 Tling requirem	days after filin ents, this dat	g.) Pursuant to 60 is will not be fis)5.0207 sted as
locument	i's effective date	on the Departme	ent of State	s records.					
record s I is filed		ed effective date, t	out not an e	ffective time	e, at 12:01 a.	m. on the earl	ierof:(b) I	he 90th day aft	er the
SE Dated	PTEMBER 27	_	20	024					

Filing Fee: \$25.00