L23000438436

(Reque	stor's Name)	
(Addre	ss)	
·	,	
(4.1)		<u>.</u>
(Addre	SS)	
(City/S	tate/Zip/Phone	#)
PICK-UP] WAIT	MAIL
(D in.		
(Busine	ess Entity Nam	ie)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
•		
		
Special Instructions to Filir	ng Officer:	

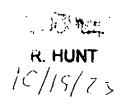
Office Use Only



000417430480

10/19/23--01013--001 **25.00

PERSON OF STATE



TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Tuesday, October 10, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: MULTITASKING SERVICES, LLC

We have included payment in the amount of $\underline{$25.00}$ for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502 2023 OCT 19 PHI2: 40

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: MULTITA	ASKING SERVICES, LL Name of Lim	C 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:	
	Corpor	ate Maintenance Lea	ad
		Name of Person	
	Proc	essing Department	20 20
		Firm-Company	
	1	450 Vassar St	01 / S TO R (F TO 2023 OCT 19
		Address	
		Reno, NV 89502	PH 12: 40
		City State and Zip Code	
	T1 Lie - Ti /	Na N	
		to be used for future annual report notifi	canon
For further information c	oncerning this matter, please of	all:	
Process	ing Department	at (800) 638-2320	
Name c	of Person	Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n itions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MULTITASKING		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000438436</u> .	were filed on 09/20/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	100 Ashley Dr S #600	017 is 2023
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33602	000 St. 5
		9 CF
Enter new mailing address, if applicable:	100 Ashley Dr S #600	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33602	2: f0
		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

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.

Cin

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
MGR	Linda Brown	100 Ashley Dr S #600	
		Tampa, FL 33602	□ Remove
			Change
MGR	Georgina Smiley	100 Ashley Dr S #600	
		Tampa, FL 33602	Remove
			☐ AddCI
MGR	Dantavis Adkins	100 Ashley Dr S #600	Charge Ch
		Tampa. FL 33602	19 Remed 08 22 12:
			7: 255
MGR	George Smiley	100 Ashley Dr S #600	Add
		Tampa, FL 33602	Remove
			☑ Change
MGR	Jacqueline Knight	100 Ashley Dr S #600	□ Add
		Tampa, FL 33602	□ Remove
			☐ Change
			Add
			Remove
			Change

D. [famending any other information, enter change(s) here: (Attach acklutional sheets, if necessary)		
	2023	SIAII
	2023 OCT 19	15 X C
	19	PHARION OF CORPORATION
	PH 12: 40	1.05 1.05 1.05 1.05 1.05 1.05 1.05 1.05
	: 40	-
E. Effective date, if other than the date of filing: N/A (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 60! Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	.0207 (3)(b) ed us the	ı
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli (b). The 90th day after the record is filed.	er of:	
Dated 10-09-2023 Signature of a member or authorized representative of a member		
Linda Brown		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00