# L23000499053

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SECKE JARY OF STATE TALLAHASSEE, FLORID,



# **COVER LETTER**

TO:

Registration Section Division of Corporations

CZ SERVI	CES		
	Name of Lin	ited 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:	
	AYELEN LEDESMA		
		Name of Person	
		Name of Person	
	2771 NW 24TH COURT		
	FORT LAUDERDALE F		
	czservices22@gmail.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information e	oncerning this matter, please e	all:	-
Ayelen Ledesma			
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Registration Se Division of Cor The Centre of T	porations 'allahassee e Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CZ SERVICES LLC		
(Name of the Lin	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Florida document number 1.23000499053	023 and assigned	
This amendment is submitted to amend the fo	lowing:	
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	t"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	265 FAL
(Principal office address MUST BE A STRE	ET ADDRESS)	—————————————————————————————————————
		V V V
Enter new mailing address, if applicable:		SET OF SET OF
(Mailing address MAY BE A POST OFFICE	<u> </u>	7: 23
B. If amending the registered agent and/or agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:		enter the name of the new registered
	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.

FORT LAUDERDALE

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida <u>33311</u>

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	AYELEN LEDESMA	2771 NW 24TH COURT, FORT LAUDERDALE 33	31 <b>≡</b> Add
			_ 🗆 Remove
			_ []Change
AMBR	AYELEN LEDESMA	2771 NW 24TH COURT, FORT LAUDERDALE 33	31 <b>≣</b> Add
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Filing Fee: \$25.00