

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : PEDRO LUZQUINOS  
Account Number : I201700000042  
Phone : (954)655-8413  
Fax Number : (954)432-8807

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

Email Address: PLUZQUINOS@HOTMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MCBO SERVICES LLC

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

MAY 22 2024

FILED  
2024 MAY 21 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 MAY 21 AM 9:46  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

H240001813293  
COVER LETTERTO: Registration Section  
Division of Corporations

SUBJECT: MCBO SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOPEZ, ALEXANDER

Name of Person

Firm/Company

19854 NW 64TH PL

Address

HIALEAH, FL 33015

City/State and Zip Code

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO LUZQUINOS

954 655-8413  
at ( )

Name of Person

Area Code

Daytime 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 Address:Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street Address:Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

MCBO SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

**FILED**  
 2024 MAY 21 PM 2:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/16/2023 and assigned  
 Florida document number L23000525090

This amendment is submitted to amend the following:

**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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

19854 NW 64TH PL

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FL 33015

Enter new mailing address, if applicable:

19854 NW 64TH PL

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH, FL 33015

**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:

LOPEZ, ALEXANDER

New Registered Office Address:

19854 NW 64TH PL.

Enter Florida street address

HIALEAH

Florida 33015

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.

*Alexander Lopez*

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LOPEZ, ALEXANDER	802 SW 117TH AVENUE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LOPEZ, ALEXANDER	19854 NW 64TH PL	<input checked="" type="checkbox"/> Add
		HALEAH, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SICIRUCA, ROSALBA	802 SW 117TH AVENUE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SICIRUCA, ROSALBA	19854 NW 64TH PL	<input checked="" type="checkbox"/> Add
		HALEAH, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2024 MAY 21 PM 2:05  
SECONDARY FILE  
TALLAHASSEE, FLORIDA

FILED

**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 (3)(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: (b) The 90th day after the record is filed.

Dated MAY 20 2024

Alexander Lopez

Signature of a member or authorized representative of a member

LOPEZ, ALEXANDER

Typed or printed name of signee

4240001813297

**Filing Fee: \$25.00**