Florida Department of State Division of Corporations Electronic Billing Cover Silvet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000315050 3)))



H240003150503ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

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

Fmail	Address	

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEP 17 2024

From: Yanet Avila

Page: 3 of 5

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

If amending name, enter the new name of the limited Hability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	(Name of the Limited Liability (A Florida	Tulifed T	ability Com	pany)	HI TENULUSIA		
Articles of Organization for this Limited Liability Company were filed on			• • •	10/07/00	22		
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: miling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida areet address Florida Zip Code		ompany v	vere filed o	n 12/0//20	4		and assigned
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	rida document number L23000543041	· خ					
If amending name, enter the new name of the limited Hability company here: Incompany must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: Incipal office address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code		_					
ter new mailing address, if applicable: dilling address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	is amendment is submitted to amend the following:						
ter new mailing address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: **ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: **Enter Florida street address** **Enter Florida	If amending name, enter the new name of the limit	ted Habit	ity romina	ny here:		;	
ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	If amending name, care the new manie of the fines	12.11 11.111.11		11 11010		•	
Iter new principal office address, if applicable: Inter new mailing address and internal addre		- · · · ·			-11.00	. "	· · · · ·
If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	new name must be distinguishable and contain the words "Limit	ted Liabilit	y Company,	" the designal	now "ITTYC., but	na addrevi	itien "Lit _e ti."
If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Cock	ter new principal offices address, if applicable:					4.14	· ·
If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida usreel address Florida Zip Code	incipal office address MUST BE A STREET ADDR	ESS)	• ;	100	· · · · ·	<u> </u>	
If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Cock							· . ·
If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Cock				,			
New Registered Office Address: Enter Floridu street address Florida City Zip Code		:		, :			••
If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	ter new mailing address, if applicable:		·			<u>:</u>	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code	ailing address MAY BE A POST OFFICE BOX)					· ,	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code	·						
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code		•		_ ,			
Name of New Registered Agent: New Registered Office Address: Enter Floridu street address Florida City Zip Code	If amending the registered agent and/or registered	office a	ddress on	our record	s, enter the	name of	the new reg
New Registered Office Address: Enter Florida street address Florida City Zip Code	nt and/or the new registered office address here:					•	
New Registered Office Address: Enter Florida street address Florida City Zip Code				·. :		,	
New Registered Office Address: Enter Florida street address Florida City Zip Code	Name of New Registered Agent:	· · .	. '	•		•	
Enter Florida street address , Florida Cuy Zip Code	The state of the s				, , , ,		
, Florida	New Registered Office Address:	·				 	
			, Ent	er Floridu sir	eei aaaress		
	·	٠,			Florid	a	
Partitional Agent's Stematics of changing Doubtered Agent			City			2	ip Code
W Reginered Agent A Signature in Changing Reginered Avents	w Registered Agent's Signature, if changing Registered	Agent:		٠.			
	ereby accept the appointment as registered agent a	and agre	e to act in	this capac	city. I furthe	r agree	to comply w

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 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:

	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
AMBR	MARIELYS C CASTILLO	7157 NARCOOSSEE ROAD #1563	
		ORLANDO, FL 32832	OAdd 居Remove
			Change
			CIAdd
<i>,</i> · ·			[]Remove
	•		DChange
· · · · ·			SOAN S
			OAdd
			□Change.
			□Add
			CRemove
			□Add
			☐Remove
÷			□Change
		· · ·	
.•			CRemove
			Change

Tor

_		
٠.		
-		
-		
_		
_	<u> </u>	~
	to the second	
		٥٠
. –		7.
_		بې
_		•
-		
_		
_		
_		
•		
cffc	ve date, if other than the date of filing:	(3)(b)
<u>te:</u> l	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.	he
cord	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	
s filo	cd.	
ed_	AUGUST 21 / 2024	
	# R10_ //	
	Officialize of a member or authorized representative of a member	
	preference of a method of animates tehtescutante of a method.	
	LUIS E ALVAREZ NINO	

Filing Fee: \$25.00