## 12400014292

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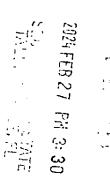
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## COVER LETTER

TO:

Registration Section Division of Corporations

Subject S	ervices USA, LLC	÷ .	•
	Name of	Limited Liability Company	<del></del> ;
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing	
	spondence concerning this man		
	Nicol Winnefeld		
		Name of Person	
	Select Services USA, LI	.c	
		Firm/Company	
	3068 Cassidy Ln		
		Address	<u></u>
	Haines City Florida 3384	14	
		City/State and Zip Code	
	SelectServices.USA@outl		<del>122</del>
		(to be used for future annual report notification)	
For further information	concerning this matter, please	call:	2074 FES
Nicol Winnefeld	<del></del>	754 368-5578 at( )	[2]
. Name o	of Person	Area Code Daytime Telephone Nur	mber (c)
Enclosed is a check for t	he following amount:		200
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certif	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ited Liability Co (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)
The Articles of Organization for this Limited 1.	Liability Comp	pany were filed on 01/05/2	2024 and assigned
Florida document number L24000014292			
This amendment is submitted to amend the fol	_	liability company here:	
م ا			
The new name mast be distinguishable and contain the	words "Limited I	Liability Company," the design	nation "LI.C" or the abbreviation "L.L.C."
Internew principal offices address, if appli			rth Lauderdale 33068
Principal office address MUST BE A STRE	ET ADDRES	<u></u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1407 Sussex Dr. No	rth Lauderdale 33068
3. If amending the registered agent and/or igent and/or the new registered office addro		fice address on our reco	rds, enter the name of the new regis
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
registery office rivations.		Enter Florida :	street address
	n/a		, Florida
		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.

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicol Winnefeld	1407 Sussex Dr, North Lauderdale 33068	<b>#</b> \$€Add
			□Remove
AMBR Celi	Celine Edouard	1407 Sussex Dr. North Lauderdale 33068	□Change
			□Remove
MGR	Nicol Winnefeld	1407 Sussex Dr, North Lauderdale 33068	□Change
			□ Remove
MGR	Celine Edouard	1407 Sussex Dr, North Lauderdale 33068	Add
			□Remove
			□Change
<del></del>			□Add
<del></del>			□Remove
			□Change
			□Add
			□Remove
			□Change

	persons in the LLC. In additio	n, I also wish the only physical and mailing address to be:						
	1407 Sussex Drive, North Lauc	derdale 33068. Should any address other than the above						
	appear, please delete in its entirety. Thank you							
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	E							
	27							
Ĩſ								
	202							
. Effe	ctive date, if other than the c	late of filing: (optional)						
Note	effective date is listed, the date must : If the date inserted in this blo ment's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3 ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.						
the rec		date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the						
Date	February 22th	2024						
	^	signature of a refember or authorized representative of a member						

Filing Fee: \$25.00

Typed or printed name of signee