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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CHILING MULLISEY VCES UC. 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:				
Angel J GHILINO Valdivia				
Firm/Company				
164 Heatherwood Dr.				
Royal Palm Beach FT 3341				
Ev re ux ll comail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Avgel J GHILING Valdiva at (501) 838 - 3225 Name of Person Name of Person Name of Person				
Enclosed is a check for the following amount:				
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

ame of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L</u>24000 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 "L.L.C." or the abbreviation "L.L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

	City	, Florida
New Registered Office Address:	Enter Florida street	address
Name of New Registered Agent:		

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 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
MBR	Angel J Hilino Valdiva	164 Heatherwood Dr	El Add
	Va Idiv9	164 Heatherwood Dr Royal Palm Beach FL 33411	□Remove
		FL 33411	DChange
			□Add
			🗀 Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
i) we are amending the
audhorized
AMBR: Angel J GHilino Valdivic
Due are amending the letter. "F" GHilino Multiservces 26
F GHILINO MULTISETVCES ZCC
The correct 15 CHILIPPO MULTISERVICE LLC
E. Effective date, if other than the date of filing:
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
Signature of a member of authorized representative of a member
ANGEL J. GHILIND VALCIVIA Typed or printed name of signee