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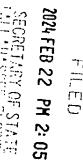
	(Requestor's Name)
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	Administrative Group LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kevin Molina Chavarria		
		Name of Person	
		Firm/Company	
	585 Stewart Avenue, Suite	330	
	-	Address	
	Garden City, NY 11530		
	kmolina422@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please ca	all:	
Stephen Giovinco		561 952-2624	
Name	of Person	Area Code Dayti	ime 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 Addr		Street Address:	
Registration Division of	Section Corporations	Registration S Division of C	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

ARTICLES OF	AMENDMENT O				
ARTICLES OF C	ORGANIZATION OF	2024 SCORE 22 PM 2: 05			
A control of Counties		Million Py 3			
Actuserve Administrative Group LLC (Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our r	ecords.)			
(A Florida Limited	Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on January 19, 1	and assigned			
Florida document number L24000038665					
This amendment is submitted to amend the following:					
	117.				
A. If amending name, enter the new name of the limited liab	olity company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation	"LLC" or the abbreviation "L.L.C."			
	585 Stewart Avenue				
Enter new principal offices address, if applicable:	Suite 330				
(Principal office address MUST BE A STREET ADDRESS)	Garden City, NY 11530				
		<u> </u>			
Enter new mailing address, if applicable:	585 Stewart Avenue				
(Mailing address MAY BE A POST OFFICE BOX)	Suite 330				
	Garden City, NY 11530				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street a	uddress			
		_, Florida			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agripprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity, performance of my dutic provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is			

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kevin Molina Chavarria	585 Stewart Avenue	= Add
		Suite 330	Remove
		Garden City, NY 11530	□ Change
AR	AR Maureen Catalano	469 Holyoke Lane	
		Lake Worth, FL 33467	≣Remove
			□ Change
			□Remove
			Change
			□Remove
			Change
			□Add
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Effective date, if of (If an effective date is list Note: If the date inso document's effective	ed, the date must be crted in this block	e specific and ca c does not me	annot be prior to et the applicab	date of filing or notes that the statutory filing	nore than 90 days a	otional) fler filing.) Pursuant t this date will not be	o 605.0207 (3 e listed as th
he record specifies a de ord is filed.	elayed effective d	ate, but not ar	a effective tim	e, at 12:01 a.m.	on the earlier of	(b) The 90th day	after the
			2024				
Dated February 13							
Dated February 13				. •			
Dated February 13	-			•			_
Dated February 13	Si	gnature of a me	mber or authori	zed representative	e of a member		_

Filing Fee: \$25.00