L24000041295

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(Document Number)
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TO:

Registration Section

Division of Cor	porations		
ern iezer.	LG Manag	ing Services LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	2	Yaima Almarales	
		Name of Person	
	LG	Managing Services LLC	
		Firm/Company	
		8107 Ash Ave	
	, aq	Address	
		Tampa FL 33619	
		City/State and Zip Code	
	у	almaralesuts@gmail.com	
	h-mail addres: 2 (to be used for future annual report not	ification)
For further information c	oncerning this matter, please o	all:	
Yaima Almarales		at (813) 420-0252	
Name o	f Person	at (813) 420-0252 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
S \$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 Addres	8 <u>8:</u>	Street Address:	
Registration !		Registration Sc	
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee	FI 37314	2415 N. Monre	se Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limite</u>	Managing S d Liability Compa A Florida Limited	Services LLC now as it now appears on our records Hability Company)	<u></u>
The Articles of Organization for this Limited Lis Florida document number <u>L24000041295</u>	ability Company	were filed onJanuary 22,	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the w	ards "Limited Liabi	ility Company," the designation "L.E.C"	For the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8107 Ash Ave	
		Tampa FL 33619	2
			<u> </u>
Enter new mailing address, if applicable:		8107 Ash Ave	1-7
(Mailing address MAY BE A POST OFFICE BOX)		TAMPA FL 33619	
			007 T
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office is h <u>ere</u> :	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street addres	v
			orida
		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 classice.

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>		Address	Type of Action
MGR	Gemma Duarte	— -	1008 Coconut Dr	🗀 Add
			Tampa FL 33619	
		: =		□Change
				□Remove
				□ Change
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<u>N/A</u>		
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ective date, if other than the or effective date is listed, the date must	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 692	5,02 eed
te: If the date inserted in this blo cument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be list epartment of State's records.	
	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er th
s filed.		
October 10th	2024	
ted October 10th	1011.	
	L'Attock .	
	Signature of a member or authorized representative of a member	
	Yaima Almarales	

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Filing Fee: \$25.00