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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100437775221

10/18/24--01007--007 ++25.00



COVER LETTER

TO: Registration Section

Division of Cor	porations		
	Te Services LLC		
SUBJECT:	Name of Lim	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:	
	Ruben Ghiragossian		
		Name of Person	
	MVG Traffic Services LL	c	
		Firm/Company	-1
	gozg Rett	ection Phinle D	<u>12</u>
	Minderem	ere FL 3 City/State and Zip Code O G May COM To hO sed for future annual report noti	4786
For further information of	E-mail address: 0		fication)
	oncerning this matter, preuse c		
Ruben Ghiragossian		321 948-3865 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Corporations	
P.O. Box 632 Tallahassee, 1		The Centre of T	'allahassee e Street, Suite 810
rananassee. 1	しし フムノーマ	4413 IN. IVIONIO	t onttil out out

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	d on and assigned
lorida document number	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability com	pany here:
he new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	`
nter new mailing address, if applicable:	,
Mailing address MAY BE A POST OFFICE BOX)	5), 단·
	m T
3. If amending the registered agent and/or registered office address o gent and/or the new registered office address here:	n our records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	
City	, Florida Zin 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 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	Haysa Mogollon	9029 Refletion Pointe Dr. Winderemere FL 34786	= Add
			□Remove
			□Change
			🗀 Add
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te: If the date inserted in this	he date of filing: nust be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing require Department of State's records.	
ecord specifies a delayed effe is filed.	tive date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after th
10/01 ted	. 2024	
	num grungoadur	
	Ruben Ghiragossian Signature of a dember of authorized representative of a me.	mber

Filing Fee: \$25.00