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COVER LETTER

TO: Registration Section Division of Corporations	
ATB Multisemicer Up	
SUBJECT: AJB MultiServices 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:	
Ang L. Guzman Sanchez Name of Person	
AJG Multisernces 2LC	
Firm/Company	
1885 W 56 St Ap+ 103	
Healeah PL 33012 City/State and Zip Code aggmultiservices egmail-com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ana Guzman at (305) 753-9261	
Name of Person Area Code Daytime Telephone Number	
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: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

AJG Mulfiservices LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on DI 26 2024 and assigned
Florida document number <u>L24000649108</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	iny," 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)	
	202
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 of	on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. 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

It 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>	Name	Address	Type of Action
P	Ana Laurman Sancha	1885 W 56 St Apt 103	Add
		Halcah, PC 33012	□ Remove
			□Change
VP	Joel Gabriel Comder	1935 W 96 St Apt 103	Add
		Halech, PC 330(2.	Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Change
			🗆 Add
		□Remove	
			□Change

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If an cf Note:	tive date, if other than the date of filing: OF 28/24 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ie re Th€	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	July 29th 2024
	Signature of a nember or authorized representative of a member