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COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:	IDR Hulfscruices ILC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Jaura D Sabaya Name of Person	
	LDR Hultiservices ILC Firm/Company	
	4437 Lavel PL Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information cor	ncerning this matter, please call:	
Ca Name of F	mila De Hendonca at (954) 536 OS94 Person Area Code Daytime Telephone Number	_
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LDR Hultiserus (Name of the Limited Liability Compar (A Florida Limited L	Ces IIC ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 37-2139296	were filed on O2/05/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4437 Lavel PL
(Principal office address MUST BE A STREET ADDRESS)	Weston 74, 33331.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent: Leon	ela Uranec Espinoza
New Registered Office Address:	4431 Laurel PC Enter Florida street address
	Urston Florida 3333)

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>	Name	Address	Type of Action
	leonela Uranga Espinoza	4437 Laurel PC Weston FC 33332	#Add
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			Remove
			□Change
			□ Add
			□Remove
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date is listed, the date mus	t be specific and can ock does not meet	not be prior to the applicat	date of filing or	more than 90 d	_ (optional) ays after filing.) ents, this date v	Pursuant to 605.02 vill not be listed
cifies a delayed effectiv	e date, but not an	effective tim	ne, at 12:01 a.n	n, on the earli	er of: (b) The	90th day after th
05/21/2024	,	Lau	ru O	intega		
	Signature of a men	iber or author	nzed representat	ive of s-thembe	r	
2	date is listed, the date muse date inserted in this blueffective date on the Description and d	e date is listed, the date must be specific and can be date inserted in this block does not meet effective date on the Department of State ecifies a delayed effective date, but not an existence of a delayed effective date, but not an existence of a men signature of a men	edate is listed, the date must be specific and cannot be prior to be date inserted in this block does not meet the applical effective date on the Department of State's records. Signature of a member or author	edate is listed, the date must be specific and cannot be prior to date of filing or edate inserted in this block does not meet the applicable statutory file effective date on the Department of State's records. Coffice a delayed effective date, but not an effective time, at 12:01 a.m. OS 21 2024	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 de date inserted in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records. Signature of a member or authorized representative of a member of authorized representative of a member.	edate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date we effective date on the Department of State's records. cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The OS 21 2024 Signature of a member or authorized representative of a member

Filing Fee: \$25.00