L24000094117

(Req	uestor's Name)	
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(Addı	ess)	
(City/	State/Zip/Phone	e #)
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COVER LETTER

Division of Co				
UBJECT:	MONTENEGRO H	ANDYMAN SERVICES	LLC	
OBJECT.	Name of Lin	ntted Etability Company		
he enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
	ondence concerning this matter			
		NESCHMAN RODRIGU	JEZ	
		Name of Person		
	CASA I	IISPANA DE MULTISE	RVICIOS I	INC
		Firm Company		-
	4531	2 TAMIAMI TRAIL E \$1	TE 304	
		Address		
		NAPLES, FL 34112		
		City/State and Zip Code		
		anademultiservicios@gm to be used for future annual		out. m
or further information e	oncerning this matter, please c		reprint nextra	
Neschman Rodriguez		239 610	0-0920	
Name o	f Person	at ()	Daytime	Telephone Number
nclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
<u>Mailing Addres</u> Registration S		Street Ad Rogisty	ldress: ition Sect	ion
Division of C	orporations	Division	i of Corpe	orations
P.O. Box 632	7	The Cer	itre of Ta	Hahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DYMAN SERVICES CLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company for idea document number 1.24000094117	y were filed on <u>02/22/2024</u>	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC" e	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	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 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	Emilio J Lorgrono Pena	2515 44th ST SW	□Add
		Lehigh Acres, FI, 33976	■Remove
			□Change
MGR	Erling Uriel Montenegro	3204 31st W	□ Add
		Lehigh Acress, FL 33971	□Remove
			≣ Change
			
			□Remove
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ective date, if other than the effective date is fisted, the date mus	date of filing;	to date at filing or more the	(optional) an 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this blo	ock does not meet the applies	able statutory filing requ	urrements, this date will not be listed
ument's effective date on the Do	partment of State's records.		
cord specifies a delayed effective s filed.	date, but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b) The 90th day after t
s med.			
MAY 31st	2024		
ed		<u> </u>	
(1) 2			
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	signature of a member of atting	посо териевенацуе от а п	пстрет
	ERLING URIEI	. MONTENEGRO	
	Tr I	d name of signee	

Filing Fee: \$25.00