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(Re	questor's Name)			
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	-i F-tit. No.			
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Special Instructions to	Filina Officer.			
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Name of Limit	RO SERVIC	ES LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	- 1
		Reginaldo X	3
	S EEL	PRO SERVICE	Suc.
		ANNER RD Address	
	Haines Ci	City/State and Zip Code OLA City/State and Zip Code OLA City/State and Zip Code	844 d.com
			cation)
	ncerning this matter, please ca		
ERWIN Regi	nado XOL LA	T_at (706_362 Area Code Daytime	— 2289 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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)
Mailino Address		Street Address	

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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation, "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: ERWIN Reginaldo Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___

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.

City

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
+MBR	E RW in Reginaldo XoL	LAJ		4220 TANNER Rd Haines City, FL 3381	<u>M</u> ⊠Add
				· -	□Remove
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					Change

I'm Be Sending the Amending because
my Last Name was put all together
that was a mistake. I coudn't open
a Bank ACCT because of it. They said
I had to make the correction. This
is the reason why Im doing a Second
Amendment. Sorry for the inconvenience.
\
(hankyou tor your help!
Envin.
E. Effective date, if other than the date of filing: 3 13 2024 (optional)
E. Effective date, if other than the date of filing: (optional) (If an effective 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 (3%b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is filed.
Dated HPY 1 22 . 2024.
Dated April 22 . 2024. ERWIN Reginaldo XOL LAJ Signature of a member or authorized representative of a member
ERWIN Reginaldo XOL LAJ Typed of printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00