## L24000167827

(Requestor's Name)
,
(Address)
(Address)
(City/State/Zip/Phone #)
(0.1), 0.000-2-1
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MINCHO

Office Use Only



500440718715

12/09/24--01014--018 \*\*25.00

2024 DEC -9 PM 1: 00 SECRETARY OF STATE

C-9 PM 1: 00

UN.

## **COVER LETTER**

-UNIF CT	C&A SER	VICES, LLC			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspor	ndence concerning this matter (	to the following:			
	CLAUDIA ALVAREZ				
		Name of Person			
		Firm/Company			
	944 BENTWOOD LN				
		Address	· · · · · · · · · · · · · · · · · · ·		
	PORT ORANGE, FL 3212	7			
		City/State and Zip Code			
	emj_alvarez@yahoo.com			702; 382;	
		to be used for future annual report	notification)	ALL CRE	-7
For further information ed	oncerning this matter, please co	all:		AK C	[aa
CLAUDIA ALVAREZ		240 351-760	D2 	SSY C Al	7
Name of	Person	Area Code Day	ytime Telephone Number	2024 DEC -9 PM 1: 00 SECRETARY OF STATE TALLAHASSEE, FL	
Enclosed is a check for th	e following amount:			mi C	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contact of Cadditional contact of	of Status &	

Registration Section Division of Corporations

TO:

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

(Name of the Limited Liability (A Florida L	Company as it now appermited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document numberL24000167827	mpany were filed on _	04/09/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			2024 DEC SECRETALLA
(Mailing address MAY BE A POST OFFICE BOX)			平5 5
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:			m
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
	City	, Florid:	Zip Code
	Cur		Lip Cinc

## New Registered Agent's Signature, if changing Registered Agent:

C&A SERVICES, LLC

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

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
AP	ANGELO ALVAREZ	944 BENTWOOD LN	□ Add
		PORT ORANGE, FL 32127	≣Remove
			□Change
			□Add
			□Remove
			©Change SEC
			SECRETALLAHASSEE, FL
			□Remove SSE
			Stanger DEC
			PEC -9 PE
		<del></del>	PIL PIL III
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		<del></del>
		<del></del>
		<del></del>
	<u> </u>	
		— usu
		&
		= = = = = = = = = = = = = = = = = =
L'éé a séirea	e date, if other than the date of filing:(optional)	: 00
(If an effecti Note: If	e date, if other than the date of filing:	to 605.0207 (3)
the record s cord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th da f.	y after the
Dated	NOVEMBER 20 2024	
	Signature of a member or authorized representative of a member	
	CLAUDIA ALVAREZ	
	Typed or printed name of signee	<del></del>

Filing Fee: \$25.00