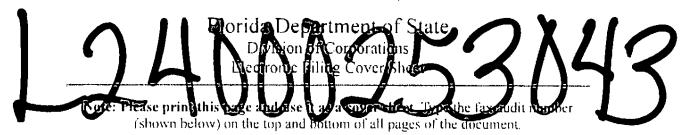
17/05/2024, 08.53

Division of Corporations



(((H24000209813 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EAST COAST MULTISERVICE INC

Account Number : I20230000142 : (305)631-2190 Phone Fax Number : (786)713-1965

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	_
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From: East Coast Multiservice Inc.

H24000209813 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A8	&N 1985, LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L24000253043</u>	ompany were filed on 06/03/2024	and assigned
	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	a Italia o a a a a a a a a a a a a a a a a a a	
	ned Liability Company. The designation "LLC o	r the aboreviation TELL, C. Section 1.1.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u> </u>	<u> </u>
-		. A
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		23 28
		7. .)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	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 Changing Registered Agent, Signature of New Registered Agent

H24000209813 3

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
AMBR	RODRIGUEZ RIVERA, ORIA N	1441 NW 19 ST, APT 204	🗎 Add
		MIAMI, F1, 33125	□Remove
			☐ Change
AMBR	RODRIGUEZ RIVERA, ALEJANDRA	1441 NW 19 ST, APT 204	
		MIAMI, FL 33125	□Remove
			□ Ciminge Scot
MGR	GARRIDO DIAZ, ROBERTO	1441 NW 19 ST, APT 204	를 수 있다.
		MIAMI, FL 33125	
			© 200 30 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
MGR	MIRANDA MAINEGRA IREMINIS	1441 NW 19 ST, APT 204	■ Add
		MIAMI, FL 33125	Remove
			☐ Change
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			□Remove
			□Change

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ecord specifies a delayed effective is filed	e date, but not an effective time, at 12:01 a.m. on the	e earlier of: (h) The Wth day after the
JUNE 14TH ted	2024	
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	2824 15 89 F07)	
स्त्र । व्यवस्थान स्वत्रहण्य आरम्बर्गाण्य (, un) प्र	Signature of a member or authorized representative of a r	ntember