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Division of Corporations

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From:

Account Name : JSD & COMPANY PA Account Number : I20190000114 Phone : (786)286-2705 Fax Number : (305)901-6024

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

maynorprobjects@yahoo.com

Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-: REYES VELEZ SERVICES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RI	EYES VELEZ S	ERVICES LLC		
(Name of the Lin	nited Liability Co (A Florida Lum	mpany as it now appears ited Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number 1.24000308747	Liability Comp	any were filed on $\frac{07/1}{}$	0/2024	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited	liability company her	<u>e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited L	liability Company," the des	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	N/A		2024 AL
B. If amending the registered agent and/or agent and/or the new registered office address.		ice address on our rec	ords, <u>enter the n</u>	ame of the new, registered
Name of New Registered Agent:	N/A			07
New Registered Office Address:		Enter Florid	la street address	<u></u>
			, Florida	
		City		Zsp Code
New Registered Agent's Signature, if changing	Registered Ago	ent:		

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

From: JSD & COMPANY

Fax: +13059016024

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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	MAYNOR A, REYES VELEZ	301 SW 10th Ave Apt 4	■Add
		MIAMI, FL 33130	□ Remove
			□Change
			□Add
			□Remove
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			∏Remove
			□ Change
			□Add
			□Remove

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