## 1240032204

| (Re                                     | equestor's Name)   |           |  |
|-----------------------------------------|--------------------|-----------|--|
| <u>(Δ</u> ,                             | ldress)            |           |  |
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| (Ac                                     | idress)            |           |  |
| (Cì                                     | ty/State/Zip/Phone | e #)      |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |
| (Business Entity Name)                  |                    |           |  |
| (Document Number)                       |                    |           |  |
| ,20,                                    | odinen, ridingen,  |           |  |
| Certified Copies                        | Certificates       | of Status |  |
| Special Instructions to Filing Officer: |                    |           |  |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                  |                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: D&J HAND                                                                                  | Name of Limited Liability Company                                                                                                                    |
| The enclosed Articles of Amendment and fe                                                          | e(s) are submitted for filing.                                                                                                                       |
| Please return all correspondence concerning                                                        | this matter to the following:                                                                                                                        |
|                                                                                                    | Name of Person                                                                                                                                       |
|                                                                                                    | Firm <sup>2</sup> Company                                                                                                                            |
| 3                                                                                                  | 164 NW 53 <sup>rd</sup> 57                                                                                                                           |
|                                                                                                    | Miami, FL 33142  City/State and Zip Code  daykel 259 @ gmail.com all address: (to be used for future annual report notification)                     |
| E-m For further information concerning this matt                                                   |                                                                                                                                                      |
| Daykel Rubio Name of Person                                                                        | at ( <u>786</u> ) <u>201-3508</u><br>Area Code Daytime Telephone Number                                                                              |
| Enclosed is a check for the following amoun                                                        | ıl:                                                                                                                                                  |
|                                                                                                    |                                                                                                                                                      |
| 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 25 25 Tallahassee, FL 32303 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|                                                                           | Multiservices LLC |  |  |
|---------------------------------------------------------------------------|-------------------|--|--|
| (Name of the Limited 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 <u>J</u>                                    | 19, 2024 and assigned                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------|
| Florida document number <u>L24000322204</u> .                                                                                                                                                                                                                                                           |                                                           | ·                                                                                 |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                     |                                                           |                                                                                   |
| A. If amending name, enter the new name of the limited liabi                                                                                                                                                                                                                                            | ility company her                                         | <u>e</u> :                                                                        |
| The new name must be distinguishable and contain the words "Limited I iabil                                                                                                                                                                                                                             | ity Company," the de                                      | signation "LLC" or the abbreviation "L.L.C."                                      |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                                                     |                                                           |                                                                                   |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                                                                                                                     | <del> </del>                                              |                                                                                   |
|                                                                                                                                                                                                                                                                                                         |                                                           |                                                                                   |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                               |                                                           |                                                                                   |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                              |                                                           |                                                                                   |
|                                                                                                                                                                                                                                                                                                         |                                                           |                                                                                   |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:                                                                                                                                                                                     | iddress on our re                                         | cords, <u>enter the name of the new registered</u>                                |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                           |                                                           |                                                                                   |
| New Registered Office Address:                                                                                                                                                                                                                                                                          | Emer Florida street address<br>, Florida                  |                                                                                   |
|                                                                                                                                                                                                                                                                                                         |                                                           |                                                                                   |
| ***************************************                                                                                                                                                                                                                                                                 | City                                                      | Florida<br>Zıp Code                                                               |
| New Registered Agent's Signature, if changing Registered Agent:                                                                                                                                                                                                                                         |                                                           |                                                                                   |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pled to merely reflect a change in the registered office company has been notified in writing of this change. | performance of i<br>provided for in C<br>address, I hereh | ny duties, and I am familiar with and<br>hapter 605, F.S. Or, if this Rocument is |
| ii Chan                                                                                                                                                                                                                                                                                                 | ignig registeren Age                                      | nic signature or New Registered Agent                                             |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | Address         | Type of Action |
|--------------|--------------|-----------------|----------------|
| MGR          | INDIRA PANON | 3164 NW 53 St   | □Add           |
|              |              | Miami, Fl 33142 | Remove         |
|              |              |                 | □ Change       |
| MGR          | DAYKEL Rubio | \$164 NM 53 27  | XAdd           |
|              |              | Miami, FL 33142 | □Remove        |
|              |              |                 | □ Change       |
|              |              |                 |                |
|              |              |                 | □Remove        |
|              |              |                 | □Change        |
|              | <del></del>  |                 | □ Add          |
|              |              |                 | □Remove        |
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|              |              |                 | □Change        |
|              |              |                 | □Add           |
|              |              |                 | □Remove        |
|              |              |                 | □ Change       |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) 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.

Effective date, if other than the date of filing:

(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)(1)

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.

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 ord is filed.

Dated July 25

Signature of a member or authorized representative of a member

Thousand Payon

Typed or printed name of signee