

L24000340229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

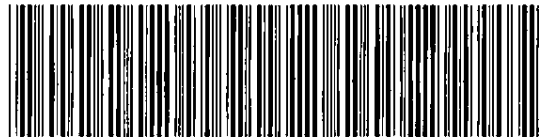
(Document Number)

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TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOPEZ SOLUTIONS MULTISERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Madelin Lopez

\_\_\_\_\_  
Name of Person

LOPEZ SOLUTIONS MULTISERVICES LLC

\_\_\_\_\_  
Firm/Company

13019 Spring Hill Dr

\_\_\_\_\_  
Address

Spring Hill Florida 34609

\_\_\_\_\_  
City/State and Zip Code

lopezsolutionsmultiservices@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madelin Lopez

352 610-4040  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

☒ \$25.00 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)

**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

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TALLAHASSEE, FL

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

LOPEZ SOLUTIONS 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 08/01/2024 and assigned  
Florida document number L24000340229.

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)**

13019 Spring Hill Dr

Spring Hill FL 34609

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

13019 Spring Hill Dr

Spring Hill FL 34609

**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:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FL

**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**

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

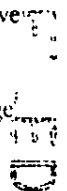
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Madelin Lopez	12385 Trout Cir	<input checked="" type="checkbox"/> Add
		Spring Hill FL 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA  
TALLAHASSEE, FL

2024  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

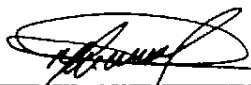
Article V: The name and address of the person(s) authorized to manage the LLC is Madelin Lopez, Title: MGR.

residing at 12385 Trout Cir, Spring Hill, FL 34609.

**E. Effective date, if other than the date of filing:** 10/29/2024 **(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 December 20 2024



Signature of a member or authorized representative of a member

Madelin Lopez

Typed or printed name of signee

