L24000417684

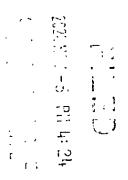
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100439044231

11/05/24--01023--021 ++25.00



Smend

COVER LETTER

	tration Sec on of Corp			
	ANCHEZ	AC MULTISERVICES LLC		
SUBJECT: _	. <u>-</u>	Name of Lim	ted Liability Company	
-				
The enclosed A	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspor	idence concerning this matter	to the following:	
		ALEJANDRO SANCHEZ	CASTILLO	
			Name of Person	
			Firm/Company	
		2913 NW 7TH ST		
			Address	
		MIAMI, FL 33125		
			City/State and Zip Code	<u> </u>
		alejandrosanchez9508@gma		. (३
For further infe	ormation co	E-mail address: (i incerning this matter, please ca	to be used for future annual report not	fication)
ALEJANDRO	SANCHE	Z CASTILLO	502 644-3944	, (A
	Name of	Person		re Telephone Number
Enclosed is a c	heck for the	e following amount:		1. 22
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ng Address stration S sion of Co Box 6323 thassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANCHEZ AC 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	and assigned
Florida document number L24000417684		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3401 NW 18TH AVE	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33142	
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter (</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	í
	, Flo	orida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	
II I all the second of the sec		المعالمة المتناب المستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد

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 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>	Name	Address	Type of Action
ÁMBR	ELIANI T BUTROS FERNANDEZ	8950 SW 142 AVE APT 916 MIAMI, FL 33186	= Add
			□Remove
			□Change
			🗆 Add
			Remove
			Change
			□ Add
			Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			[] Change
			□Add
			□Remove
			🗆 🗅 Add
			□Remove
			☐ Change

		-
		4
····		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
		·
ctive date, if other than the effective date is listed, the date mue: If the date inserted in this blument's effective date on the D	date of filing: st be specific and cannot be prior to date of filing or more than ock does not meet the applicable statutory filing requirepartment of State's records.	(optional) 90 days after filing.) Pursuant to 605.02 ements, this date will not be listed
ord specifies a delayed effectiv filed.	re date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after th
	12.00.484	
d	12.00 AM	
d 10/23/2024 Aletan	dra Sanchez Calfilla Signature of a member or authorized representative of a me	

and the second second

Filing Fee: \$25.00