L24000450087.

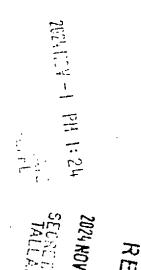
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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11/01/24--01018--004 **25.00



RECEIVED



COVER LETTER

Registration Section

Division of Corporations

TO:

| | SERVICES LLC | |
|-------------------------------|---|--|
| SUBJECT: | Name of Lin | nited Liability Company |
| The enclosed Articles of | Amendment and fee(s) are sub- | omitted for filing. |
| Please return all correspo | ondence concerning this matter | to the following: |
| | LUCIMAR V. MUSCH | |
| | | Name of Person |
| | LM ACCOUNTING & PA | AYROLLSERVICES LLC10503 |
| | • | Firm/Company |
| | 10503 SAN JOSE BLVD, | SUITE 19 |
| | · | Address |
| | JACKSONVILLE, FL 32. | 257 |
| | | City/State and Zip Code |
| | LMPAYROLL13@GMAII | |
| | E-mail address: (| to be used for future annual report notification) |
| For further information c | oncerning this matter, please c | ali: |
| LUCIMAR V. MUSCH | | 904 699-6634 at () |
| Name o | f Person | at () Area Code Daytime Telephone Number |
| Enclosed is a check for the | ne following amount: | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration 5 | | Street Address: Registration Section |
| Division of C | orporations | Division of Corporations |
| P.O. Box 632 | | The Centre of Tallahassee |
| Tallahassee, I | TL 04014 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| ZELAYA SERVICES LLC | 1000 (100) -1 | PN 1: 25 |
|---|--|---|
| (Name of the Limited Liability Comp (A Florida Limited | oany as it now appears on o [Liability Company] | our records.) |
| The Articles of Organization for this Limited Liability Compan Florida document number | y were filed on 10/22/20 | n24 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | | |
| ESPINAL PRO-SERVICES LLC_MPM | Services LLC | <u>.</u> |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designa | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | <u> </u> |
| Enter new mailing address, if applicable: | | |
| ., ., | | |
| (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 record | ls, enter the name of the new registered |
| Name of New Registered Agent: | | |
| | - | |
| New Registered Office Address: | | veet address |
| | | , Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | e performance of my a provided for in Chapt | uties, and I am familiar with and eer 605, F.S. Or, if this document is |

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 | |
|----------------|-------------------|--|
| $\Delta MRR =$ | Authorized Member | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
| | | | □Add |
| | | | □Remove |
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| 17.66 | |
|---------------------------|--|
| (If an ef <u>Note:</u> | we date, if other than the date of filing: |
| he reco ord is ti | d 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 ed. |
| Dated | 11/01/2024 |
| | And . |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00



November 1, 2024

LUCIMAR V. MUSCH 10503 SAN JOSE BLVD. SUITE 19 JACKSONVILLE, FL 32257

SUBJECT: ZELAYA SERVICES LLC

Ref. Number: L12000012800

We have received your document for ZELAYA SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P23000076403.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 724A00024090

Anissa Butler Regulatory Specialist II

www.sunbiz.org