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COVER LETTER

TO: Registration Sec Division of Corp		•		
SUBJECT:	I & A ON	E SERVICES ed Liability Company	LLC	
	Amendment and fee(s) are submidence concerning this matter t			
ricase return an correspon		-		
	Edga	Name of Person		
	Tamian	ri Agency m	Hernational LLC	
	3816 5	W 8th sheet		
	<u>Coral</u>	Sables FL City/State and Zip Code	<u>33 (34</u>	
	tamiorat	RO NO YO NO O	cation)	
For further information co	oncerning this matter, please co	all:		
Edgal Name o	Amaya	at (305) 22 Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
_	☐ \$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 Addres		<u>Street Address:</u> Registration Sec	ction	
Registration (Division of Cor		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		
Tallahassee,		2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF ALL
I R A ONE SERVICES 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 asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for this Limited Liability Company were filed on and asstanced Signature for the
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
N/A
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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: Tampam's Agency International LC
New Registered Office Address: 3816 SW 8th Street Enter Florida street address
Coral Gables, Florida 33134

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>	Address	Type of Action
MEL	Ledhys A Regardiz	6825 19112 de Costa 0	<u>C</u> □Add
			® Remove
		Orlando, FL 33821	□Change
<u> </u>	Dicia Parra 6	115 Zamora Ave	# Add
		#2	□Remove
		Coral Gables, FL33	134□Change
			□Add
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			🗆 Add
			□Remove
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			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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(ontional)			
E. 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	to 605,0207 be listed as	(3)(b) the	
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 da record is filed.	y after the		
Dated 08-01-2025.	SE(2025	
Signature of a member of authorized representative of a member	CKET	AUG	רר.
Alican T Porra Coarrido Typed or printed name of signee	SSEE, F	2025 AUG 18 PM 6: 03	FILED
	E STATE FLORIDA	9: -	
Filing Fee: \$25.00	IDA A	03	

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