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S. PRATHER.

(FAX)3523260049

P.001/004

## **COVER LETTER**

TO: Registration of Control of Co	s Section Corporations	·						
	Y SERVICES, LLC							
Name of Limited Liability Company								
•	of Amendment and fee(s) are sub	-						
	ROBERT E BONE JR. ES	_						
Name of Person THE BONE LAW FIRM								
	918 W. MAIN STREET  Address							
	LEESBURG, FL. 34748  City/State and Zip Code							
	RBONE@THEBONELAWFIRM.COM  E-mail address: (to be used for future annual report notification)							
For further informatio	n concerning this matter, please o							
ROBERT E BONE J	t	352 315-0051						
Nam	e of Person	Area Code Daytin	e Telephone Number					
Enclosed is a check fo	the following amount:							
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is corclused)	■ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

11/05/2018 17:10 The Bone Law Firm

(FAX)3523260049

P.002/004

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDLET SERVICES, LLC				
(Name of the Limit	ted Linbility Comps (A Florida Limited	iny se it now superirs en our recurds.) Liability Company)	1	
The Articles of Organization for this Limited L	iability Company	were filed on MAY 6, 2004	_ and assigned _ o	
Florida document number L04000034691			47.5	
•			m : m	
This amendment is submitted to amend the foll	owng:			
A. If amending name, enter the new name of	f the <u>limited liab</u>	ility company here:		
COMELCO SERVICES, I.LC				
The new name must be distinguishable and contain the v	vords "Limited Lisbi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applic	able:	125 SWOPE AVE. SUITE 104		
(Principal office address MUST BE A STREE	T ADDRESS)	MAITLAND, PL. 32751		
Ţ				
		127 AMOORD AND BUILT IN		
Enter new mailing address, if applicable:		125 SWOOPE AVE. SUITE 104		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	MAITLAND, FL. 32751		
B. If amending the registered agent and registered agent and/or the new registered of	_	<b>£:</b>	ic name of the new	
Name of New Registered Agent:				
New Registered Office Address:	125 SWOPE A	AVE. SUITE 104  Enter Florida street address		
	MAITLAND		1	
	WAIITAND	, Florida <u>3275</u>	Zip Code	
New Registered Agent's Signature, If changing I	Registered Agent:	,	•	
			a ta again hi wilt the	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties and I am far provided for in Chapter 616, F.S. Or, if	niliar with and This document is	
	if Chyd	ging Registered Agent, Signature of New Regis	sered A read	

(FAX)3523260049

P.003/004

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JESSE GONZALEZ	125 SWOPE AVE. SUITE 104 MAITLAND, FLORIDA 32751	
			П Кеточе
			El Change
MANAG	MARK S. MEDLEY	2342 SOUTH STREET LEESBURG, FLORIDA 34748	
			Remove
			D Change
			□ Remove
		<u> </u>	Change
			D Add
			□ Remove
			O Change
		·	O Add
			O Remove
			□ Change
<del></del>			
			□ Ramove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	<del>_</del> _	
	<del></del>	
	<del></del>	
NOVEMBER 6, 2018  E. Effective date. If other than the date of filing:  (Optional)		
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 to 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.	io 605.0207 (3 e Histod as th	l)(b) ic
if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	arlier of:	
b) The 90th day after the pecord is filed.		
Dated NOVEMBER 5 , 2018	3E 201	
= $1  M$	2018 NOV - 7 SECRETA TALLIAHA	
/ /	N-N	صحب حصار
Typed or printed name of sience	SSET	m
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Page 3 of 3	ן זין	~

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