

L170001391101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

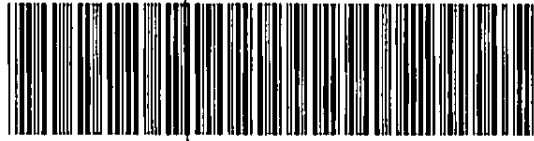
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Accessible Services 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:

Lotus Dinan

Name of Person

Accessible Services LLC

Firm/Company

14505 Rialto Avenue

Address

Brooksville, FL 34613

City/State and Zip Code

office@accessibleservicesllc.com

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

For further information concerning this matter, please call:

Lotus Dinan

727 288-8835
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Accessible 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 06/25/2017 and assigned Florida document number L17000139101.

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:

14505 Rialto Avenue

(Principal office address MUST BE A STREET ADDRESS)

Brooksville, FL 34613

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:

Lotus Dinan

New Registered Office Address:

14505 Rialto Avenue

Enter Florida street address

Brooksville

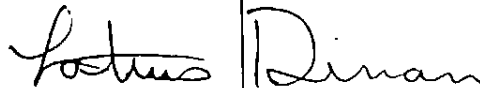
City

Florida 34613

Zip Code

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	Gabriella Mobley	12816 Settlers Drive	<input type="checkbox"/> Add
		Hudson, FL 34667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gabriella Merrill	14505 Rialto Avenue	<input checked="" type="checkbox"/> Add
		Brooksville, FL 34613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Dinan	14505 Rialto Avenue	<input type="checkbox"/> Add
		Brooksville, FL 34613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lotus Dinan	14505 Rialto Avenue	<input checked="" type="checkbox"/> Add
		Brooksville, FL 34613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sandra Mills	1446 Huggetts Road	<input checked="" type="checkbox"/> Add
		Labelle, FRI. 33935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Sandra Mills		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

OCT 10 2014
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 SEC. REG. DIV.
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

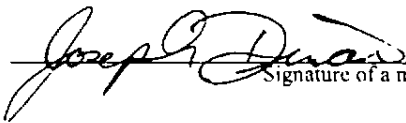
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 5 2017



Signature of a member or authorized representative of a member

Joseph Dinan

Typed or printed name of signee