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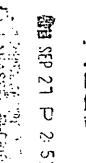
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## **COVER LETTER**

	gistration Serision of Cor						
SUBJECT:	HOLLYS S	SERVICES LLC					
		Name of Lin	nited Liability Compan	y			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		KELLY DELVALLE					
		HOLLYS SERVICES LLC	Name of Perso	n		_	
		211 SOUTHLAND DR APT	Firm/Company	<i>;</i>		_	
		FORT PIERCE FLORIDA	Address 34982			-	
		KELLYDELVALLE18@GMA	City/State and Zip (	Code	<del>.</del>	_	
		E-mail address: (	to be used for future ar	mual report notific	ation)		
For further in	iformation co	oncerning this matter, please ca	all:				
KELLY DEL	VALLE		772 at (	834-6424		SEP P	ر بحد ا
	Name of	Person	Ārea Code	Daytime '	l'elephone Numbe		
Enclosed is a	check for th	c following amount:				TO SEE	Ç,
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	)y	Certifica Certifica	iling Ecc. (5)	
	Registra	NG ADDRESS:	Reg	EET/COURIE			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## HOLLYS 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 C	JUNE 06 2018	uu kaasissa d
Florida document number L18000138856	ompany were med on	and assigned
This amendment is submitted to amend the following:	<u>-</u> -'	
this ancidment is submitted to afficie the following.		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		chief the name of the ne
New Registered Office Address:	Enter Florida street address	A 38 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	, Flori	ida mid — — — — — — — — — — — — — — — — — — —
New Registered Agent's Signature, if changing Registered	•	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and went as provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of 3	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
MGR	JOSE GOMEZ		_
		2706 S 26 TH ST	
		FORT PIERCE FLORIDA 34981	■ Remove
			Change
MGR	GOMEZ PRO		□ ∧dd
		2706 S 26 TH ST	LI Xaa
		FORT PIERCE FLORIDA 34981	■ Remove
			Change
MGR	MARIANO SALINAS SALINAS	211 SOUTHLAND DR APT 1 FORT PIERCE FLORIDA 34982	<b>=</b> Add
			Remove
			☐ Change
			Remove
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			Popular Distriction
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Filing Fee: \$25.00