# 11800138856

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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## **COVER LETTER**

TO:	Registration Sc Division of Cor				
etto ir		SERVICES LLC			
SUBJE		Name of Lin	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		KELLY Y DEŁ VALLE			
		HOLLYS SERVICES LLC	Name of Person		
		211 SOUTHLAND DR APT	Firm/Company		
		FORT PIERCE FLORIDA	Address 34982		
		KELLYDELVALLE18@GMA	City/State and Zip Code		
		E-mail address: (	to be used for future annual report no	ification)	
For furt	her information ed	oncerning this matter, please ca	all:		ing ina titologi
KELLY	Y DEL VALLE		772 834-6424		9 25 X
	Name of	f Person		ne Telephone Number	
Enclose	d is a check for th	e following amount:			- 1월 - 1957 - 도 - 1962
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 Fiting 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)	iñ

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**

#### HOLLYS SERVICES LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	us.)
The Articles of Organization for this Limited Liability Company v	were filed on 06/05/2018	and assigned
Florida document number L18000138856		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here;	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC	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)		<u> </u>
B. If amending the registered agent and/or registered offi	ian address ar any removed	c antau the name of the pair
registered agent and/or the new registered office address here:		120
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	us —
	, Flo	orida Ziv Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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>	Type of Action
AMBR	KELLY Y DEL VALLE	211 SOUTHLAND DR APT 1 FORT PIERCE FLORIDA 34982	■ Add
			□ Remove
		<del></del>	Change
MGR	NORMA G FONSECA	211 SOUTHLAND DR APT 1 FORT PIERCE FLORIDA 34982	D ∧dd
			■ Remove
			Change
MGR	MARIANO SALINAS SALINAS	211 SOUTHLAND DR APT 1 FORT PIERCE FLORIDA 34982	
			■ Remove
		·	☐ Change
<del></del>			
			□ Remove
			Change
			Remove
			Change
			Remove
			□ Change

•	<u> </u>
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	NOVEMBER 10 2018

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00