## L19000301793

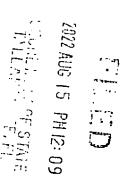
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A. BUTLER NOV - 7 2022

## **COVER LETTER**

TO:				
empir		vice, LLC		
SUBJE	:C1:	Name of Limi	ted Liability Company	<del>.</del>
Division of Corporations  ST Pro-Service, LLC  Name of Limited Limbility Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Tatyana Gabai  Name of Person  ST Pre-Service, LLC  Firm/Company  2408 Kacie Lane  Address  St Augustine, FI 32084  City/Natae and Zip Code  stproservice 7@gmail.com  Bensil address (to be used for future annual report autilication)  For further information concerning this matter, please call:  Tatyana Gabai  Name of Person  For further information concerning this matter, please call:  Tatyana Gabai  Name of Person  For further information concerning this matter, please call:  Tatyana Gabai  Name of Person  For further information concerning this matter, please call:  Tatyana Gabai  Name of Person  For further information concerning this matter, please call:  Tatyana Gabai  Name of Person  For further information concerning this matter, please call:  City/Natae and Zip Code  Status Tatyana Gabai  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Street Address:  Registration Section  Registration Section				
Please	return all correspo	ondence concerning this matter	o the following:	
		Tatyana Gabai		
			Name of Person	
		ST Pr-Service, LLc		
		<del> </del>	Firm/Company	
		2408 Kacie Lane		
			Address	<del></del>
		St Augustine, Fl 32084		
		. 76	City/State and Zip Code	
		* -	o be used for future annual report not	ilication)
For fur	ther information c		·	
Tatyan	ia Gabai			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>■</b> \$2:	5.00 Filing Fee		Certified Copy	Certificate of Status &
			Street Address:	vetion
Division of Corporations		Division of Corporations		
P.O. Box 6327		27	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassec, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FOR THE TOP

2022 AUG 15 PH 12: 09

ST PRO-SERVICE LLC

The Articles of Organization for this Limited Liability Company were filed on  $\frac{12/11/2019}{2}$ Florida document number \_\_\_\_\_\_19000301793 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 2408 Kacie Lane, St Augustine, Fl 32084 The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2408 Kacie Lane, St Augustine, Fl 32084 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2408 Kacie Lane, St Augustine, Fl 32084 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: New Registered Office Address: Enter Florida street address \_\_\_\_\_, Florida \_\_\_\_

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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> Type of Action Address \_\_\_\_\_ □Change \_\_\_\_\_ Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Change □Remove \_\_\_\_\_ □Change 

Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filings. Pursuant to 605.0207.  [And the first is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filings. Pursuant to 605.0207.  [And the first is seen than 10 things of the prior to date of filing or more than 90 days after thing or more than 90 days after will not be listed as document's effective date on the Department of State's records.  [And the first is determined as a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the date of the filed.  [And the first is date will not be listed as document's effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the date of the filed.  [And the filed is determined as a first in the filed is a filed in the filed is determined as a filed in the filed is determined as a filed in the filed is determined as a filed in the filed in the filed is determined as a filed in the filed in the filed is determined as a filed in the fi			<del></del>
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		Signature of a member or authorized representative of a member	<u>—</u>
	<del></del>	Typed or printed name of signee	_

Filing Fee: \$25.00