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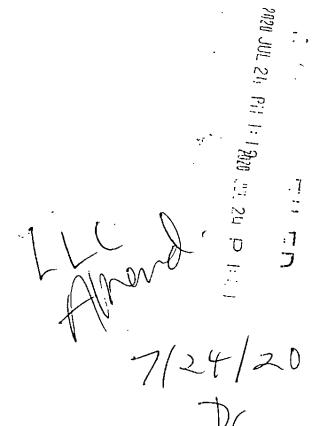
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: \\\	Name of Lin	ING SERV	1(ES LLC
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Tony	Name of Person	<del></del>
		FirnvCompany	
	12-25 Rus	tic Dr Address	
		City/State and Zip Code  Wilke Ton Que to be used for future annual report not	
	E-mail address: (	to be used for future annual report not	hot. (om ification)
For further information cond	cerning this matter, please c	all:	
Name of Pe	erson	at ()	ne Telephone Number
Enclosed is a check for the f	following amount:		
[] \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Cor P.O. Box 6327		Street Address: Registration Se Division of Co The Centre of T	rporations
Tallahassee, FL	32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLED DATAITING SCALTICES 1) (

	Company as it now appears on or inited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on	15-20 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	tion "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		1010	
(Principal office address MUST BE A STREET ADDRE	<u>(S.S)</u>	(- <u>-</u> -	• •
		<u>~</u>	
Enter new mailing address, if applicable:		·0	3
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s, enter the name of the	new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	vet address	<del></del>
		, Florida	
	City	Zip Co	ode

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>	Address	Type of Action
MOR	Ricardo smith	755 West 4th Ave	
		Tanoshassee, Fl. 32304	KRemove
			□Change
MGP	Tony Twillerson	635 Stiles Ave	X\dd
		Tallahassee, Fl, 32303	
			[]Change
	<del></del>		IJAdd
			□Remove
			Change
			□Add
			□Remove
			[]Change
			Change
			□Add
			□Remove
			□Change

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Note: 1	re date, if other than the date of filing:
e 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 d.
rd is file	7-24-20
rd is file	7-24-20
ord is file	7 - 24 - 20  Signatur of a member or authorized representative of a member