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## **COVER LETTER**

Division of Corporations								
SUBJECT: <u>C2Decational Securces</u> , <u>LLC</u> 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:								
Woody R. Woodson Name of Person								
C2 Operational Services, LLC Firm/Company								
699 1/2 Lakeview Rd. Svite C								
Clearwater, FL 33756  City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Jame of Person at (800) 655-6753 EX+700 Area Code Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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**

CL Operational	Services. LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>니기ळळ이용절기ळ여</u> .	y were filed on Aug 23, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	699 1/2 Lakeview Rd.
(Principal office address MUST BE A STREET ADDRESS)	Suite C
	Clearwater, FL 3:2356
Enter new mailing address, if applicable:	SEP SEP
(Mailing address MAY BE A POST OFFICE BOX)	SP ST
D. If amonding the resistance exert and/or registered	office address on our records, enter the new
registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del> </del>	, 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, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Type of Action Name 1 Woody R. Woodson 5264 Chactaw Ave, 3250 □ Remove ☐ Change MGR Mark C Haagsma 102 Marcdale Blud, 33785 MADDE ☐ Remove □ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

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Filing Fee: \$25.00