

LD20000017982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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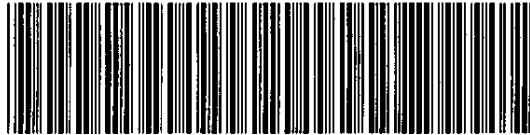
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L. SELLERS

SEP -4 2009

EXAMINER

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09/02/09--01015--003 **30.00

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09 SEP -2 AM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERVICE CONCEPTS, LLC
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:

WILLIAM D. HADDOCK

Name of Person

SERVICE CONCEPTS, LLC

Firm/Company

894 SE COUNTY ROAD 21B

Address

MELROSE, FL 32666

City/State and Zip Code

BillHaddock@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM D. HADDOCK

Name of Person

at (904) 716-5035

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing 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)

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**

SERVICE CONCEPTS, 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 Company were filed on July 16, 2002 and assigned
Florida document number L02000017982.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

894 SE COUNTY ROAD 21B

MELROSE, FL 32666

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

894 SE COUNTY ROAD 21B

MELROSE, FL 32666

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:

WILLIAM D. HADDOCK

New Registered Office Address:

894 SE COUNTY ROAD 21B

Enter Florida street address

MELROSE

Florida

City

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 608, 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.

William D Haddock
If Changing Registered Agent, Signature of New Registered Agent

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09 SEP - 7 AM 11:33
TALLAHASSEE FLORIDA
CLERK OF SUPERIOR COURT

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>GLADYS LYNN HADDOCK</u>	<u>894 SE COUNTY ROAD 21B</u>	<input type="checkbox"/> Add
		<u>MELROSE, FL 32666</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>WILLIAM D. HADDOCK</u>	<u>894 SE COUNTY ROAD 21B</u>	<input checked="" type="checkbox"/> Add
		<u>MELROSE, FL 32666</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated SEPTEMBER 1, 2009

Gladys Lynn Haddock William D. Haddock
Signature of a member or authorized representative of a member

FORMER: Gladys Lynn Haddock NEW: William D. Haddock
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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