LO200033723

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N N		COVER LETTER	
TO: Registration S Division of Co			
Automatic	on Conrol Service, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Lisa Milne		
		Name of Person	·····
	Automation Control Servi	re	
		Firm/Company	
	6281 Technology Dr.		
		Address	
	Pensacola, FL 32505		
		City/State and Zip Code	
	lisa.milne@autoconserv.com E-mail address: (n to be used for future annual report r	notification)
For further information	concerning this matter, please c		
Lisa Milne		850 477-8440	
Name	of Person	Area Code Day	time Telephone Number
Enclosed is a check for a	the following amount:		
S25.00 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 enclose)
Regist Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 bassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Automation Control Service, LLC		
(<u>Name of the Limited Li</u> (A Fl	lability <u>Company as it now appears on our recor</u> d lorida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabili Florida document number <u>L02000033723</u>		and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability 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 A	DDRESS)	
Enter new mailing address, if applicable:		······································
(Mailing address MAY BE A POST OFFICE BOX	Ω	
B. If amending the registered agent and/or r registered agent and/or the new registered office : Name of New Registered Agent:		is, <u>enter the namerof the new</u>
New Registered Office Address:	Enter Florida street addre.	35
	. FI	lorida
—	City	Zip Code

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

<u>Title</u>	Name	Address	Type of Action
MGR	John L. Hutcherson		🖸 Add
		645 S. Garcon Rd.	Remove
		Milton, FL 32583	Change
MGR	Kenneth E. Faul		
		5075 Hamilton Bridge Rd.	Remove
		Pace, FL 32571	Change
			🖸 Add
			Change
			🗆 Add
			Change
			<u>ک</u> ک سلیک
			Remove
			Change
			Add
			Remove
			Change

D. 1	amending any oth	er information, e	enter change(s) here:	(Attach additional sheets	, if necessary.)
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Change for Kenneth	Pall	<u>15 Kov</u>	addres	5
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fective date, if other than the date of filing:				onal) to

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

1201 10 Dated_ Signatury of a member or authorized representative of a member

Robert J. Hartley

Typed or printed name of signee

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Filing Fee: \$25.00