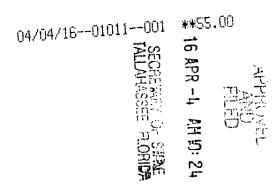
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TO ARR -4 AN IO. I.

APROA 2016 J. HARRIS

COVER LETTER

SUBJECT: A -	1 Service	Uc	
	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Michun A-1 S.	HAN Name of Person	·
	A-1 5.	ervia Uce Firm/Company	
	2765 L	W MANNON A	1:LL Dr
	TALLAHASE	ce F/ 32 City/State and Zip Code	3.9
	E-mail address: (to	o be used for future annual report notific	ration)
For further information con-	cerning this matter, please cal	ll:	
Yi'chun Name of Po	Hon	at (<u>\$50</u>) 877 Area Cad: Daytime	-))] [Felephone 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)

Registration Section Division of Corporations

TO:

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

A-1 Service LL	C		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on or Liability Company)	ır record <u>s.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number 40400064154	were filed on 1-1	S-2004 and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	ion "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SECRETARY MALLAHAESE	16 APR 1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		SR. ORUM	5: 24
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our e:	records, enter the name of	the new
Name of New Registered Agent:			÷
New Registered Office Address:			
• • • • • • • • • • • • • • • • • • • •	Enter Florida stre	et address	
	City	, Florida	-,
	Cıty	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

	MGR = Mar AMBR = Aut	nager horized Member		
	<u>Title</u>	Name	Address	Type of Action
	MGR	Edward Boldes	2765 HARRON HILLIDE, TALLOSER FI 32505)A Add
				Remove
				Change
				Add
				Remove
				Change
				☐ Remove
				Change
tļ _i s	TECO P .			□ Add
			-	16 APR -4 AH 10: 24 PECCHEMIC (dd S.P.) PECCHEMIC (dd S.P.)
				Change
				Remove
				Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

D. If amending any other information, ent	er change(s) here: (Attach addition	nal sheets, if necessary.)		
,				
-P4				
				
Effective date, if other than the date of [If an effective date is listed, the date must be specified.] Note: If the date inserted in this block does document's effective date on the Department of the record specifies a delayed effective.	fic and cannot be prior to date of filing or ment meet the applicable statutory filing at of State's records.	g requirements, this date will no	ot be listed as	the
(b). The 90th day after the record is fi		ime, at 12.01 a.m. on the	C CAINEI O	
feet 4			EAHAS	16 APR -L
_	Typed or printed name of signer	of a member		

Page 3 of 3

Filing Fee: \$25.00