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COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation Corporation)					
AMY'S SER SUBJECT:	VICES LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	DENNIS G GRECULA				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	AMY'S SERVICES LLC				
		Firm/Company			
	PO BOX 9735				
		Address			
	TAMPA, FL 33674-9735				
		City/State and Zip Code		⊼ _S 2	
	amysservicesllc@gmail.com			2015 A SECR	an Langue
	E-mail address: (to be used for future annual report not	ification)		COMPAN
For further information cor	ncerning this matter, please ca	dl:		388 787 11-	
DENNIS G GRECULA		813 404-3521			
Name of I	Person	Area Code Daytin	ne Telephone Number	I2: 18 STATE LDRIDA	
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)	Certified (e of Status &	

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

AMY'S SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L04000041191	were filed on 06/01/2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		(7. d.)
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:	14007 FULLERTON DRIVE	3
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33625	
		2016 72 E
Enter new mailing address, if applicable:		の当 -
(Mailing address MAY BE A POST OFFICE BOX)		mo in m
		00 P. T.
B. If amending the registered agent and/or registered of	ffice address on our record	ds, enter the name of the ne
registered agent and/or the new registered office address her	<u>e</u> :	
Name of Nam Pagintan d A contr		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	Enier r ioriaa sireel adare	ESS
	City F	Florida Zip Code
	City	Lip Cone

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
MGMR	MICHAEL A WATSON	6744 ANGUS VALLEY DR	
		WESLEY CHAPEL, FL 33544	■ Remove
			□ Change
MGMR	DENNIS G GRECULA	14007 FULLERTON DRIVE	■ Add
		TAMPA, FL 33625	Remove
			☐ Change
MGMR	NEAL A HENEVELD	10114 WINSFORD OAK BLVD. #	■ Add
		TAMPA, FL 33624	SECRE AU
			Change
			OF STATE OR Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

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tive date, if other than the da	te of filing: 07/29/2015		(optional)
ffective 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 6
If the date inserted in this block ment's effective date on the Depar		ole statutory filing requirer	ments, this date will for bedi
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ecord specifies a delayed ef	fective date but not	an effective time at	12:01 a m on the ear
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Filing Fee: \$25.00