LD8000104458

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COVER LETTER

ΓO:	Registration Se Division of Cor				
SUBJE		VICES OF JACKSONVILLE	. LLC		
ODJE.		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	return all correspo	ndence concerning this matter	to the following:		
		TODD ROBINSON			
			Name of Person		
		K & G SERVICES OF JA	CKSONVILLE, ELC		
	Firm/Company 1343 BULLS BAY HWY				
		JACKSONVILLE, FL. 32	Address 220	.	
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	ication)	
For furt	ther information c	oncerning this matter, please co	all:		
TODD	ROBINSON		904 2260335 at ()		
	Name o	f Person		Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$ 25	5.00 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

K & G SERVICES OF JACKSONVILLE, 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 $\frac{11/10/2008}{1}$ and assigned Florida document number L08000104458 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation ' Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TODD ROBINSON	1343 BULLS BAY HWY	
АМВК			a Add
		JACKSONVILLE, FL. 32220	
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tive date, if other than	the date of filing:	(optional)
If the date inserted in thi	must be specific and cannot be prior to date of filist block does not meet the applicable statuto be Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.03 ry filing requirements, this date will not be listed
ecord specifies a dela e 90th day after the i		tive time, at 12:01 a.m. on the earlier
d	2018	
	A .	

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Typed or printed name of signee

Filing Fee: \$25.00