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12/19/14--01034--005 **60.00

TALLAHASSEE, FINDER,

FOR THE CONDEC 29 7014

COVER LETTER

TO: Registration Section Division of Corporation			•
SUBJECT: 50	vereign Serve Name of Limit	ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Rober	t Gilbert	
•		Name of Person	
		Firm/Company	
	2715	Pienza Circle Address	
	Royal	Palm Black P City/State and Zip Code	FL 33411
	Suppo E-mail address: (t	o be used for future annual report notific	cation)
For further information conc	erning this matter, please ca	ù):	
Robert Name of Per	- 6ilbert	at (Scl.) 628 Area Code Daytime	-0423 Telephone Number
Enclosed is a check for the fo	ollowing 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

Sovereign Se	ruices (group LLC	
(Name of the Limited I	<u>Jiability Company as it now appears on our reco</u> Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	•	2009 and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the A. Ustraceut The new name must be distinguishable and end with the work	ics. LLC	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	,	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		14 DEC 19 SEGRETARY ALLAHASSE
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	OF-STA
B. If amending the registered agent and/or registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	tress
_	············	Florida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Remove
			14 DECA 9 TALLAHASS
			SEGRETARY OF STATE TALLAHASSEE, FLORIDA
			□ Add
			Remove
			☐ Add
		<u>, , , , , , , , , , , , , , , , , , , </u>	Remove
			Add
			☐ Remove

D.	If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
,	· -				
	-				
E.	(The eff	ive date, if other than the date of filing:			
	Dated	D 1 21 211			
		Signature of a member or authorized representative of a member		_	
		Typed or printed name of signee	JALL SEC	14[embal
			RETAR AHASS	DEC 19	
			Y OF S	PM 4:	
			SATE.	: 40	

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Filing Fee: \$25.00