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COVER LETTER

TO:

то:	Registration Se Division of Cor			
SUBJE	ст:	DERVICE FIRST	TENTER PRISES, ted Liability Company	LLC
		Name of Limi	ted Liability Company.	
The enc	losed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please 1	eturn all correspo	ondence concerning this matter	to the following:	
		Joe	WOR KMM	
		_Service	FIRST BUTER	DR183, LC
		2400 1	Mc DUTOSA U	11/
		MA172	AND PL 3	775/
	<u>.</u> .		City/State and Zip Code ANO PUT BEN S to be used for future annual report notif	
For fur	her information o	concerning this matter, please or		
	Joe 1	WOLK MAN	at (10) 760.	Telephone Number
Enclose	ed is a check for t	he following amount:		
¥ \$2±	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Secondinision of Corporation The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810



2020 #7 104 #11 7: 53

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2020

JOSEPH WORKMAN 2400 MCINTOSH WAY MAITLAND, FL 32792

SUBJECT: SERVICES FIRST ENTERPRISES LLC

Ref. Number: L09000119099

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

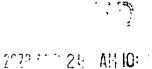
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00005318

Claretha Golden Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on	Seaules FIAST E Name of the Limited Liability Compar (A Florida Limited L	NTCL PRISCS, LLC ny as it now(uppears on our records.)	
A. If amending name, enter the new name of the limited liability company here: Schuce First Enter Drises Drises Luc			2 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Florida	This amendment is submitted to amend the following:		
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 Agent: New Registered Office Address: Enter Florida street address Enter Florida			
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 Agent: New Registered Office Address: Enter Florida street address Enter Florida	The new name must be distinguishable and contain the words "Limited Lightle	DRISPS, LLC	abbreviation "L.L.C."
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		2431 ALOMA AVE	,
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	·	2400 MCDUTOSI MAITLAND, PL	32757
New Registered Office Address: Enter Florida street address Florida		nddress on our records, enter the na	me of the new registered
Enter Florida street address , Florida	Name of New Registered Agent:		
	New Registered Office Address:	Enter Florida street address	
Cuy Zip Code		, Florida	
		Cuy	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, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = N$	Authorized Member	Changes	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
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(If an effect <u>Note:</u> If	date, if other than the date of filing: (optional) (ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
the record secord is	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	APRIL JL, DODO.
	- Herd
	Signature of a member or authorized representative of a member
	Joseph E. Workman Typed or printed name of signee

Filing Fee: \$25.00