# L1000003536

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2019 APR 19 PM 4: 59

C. GOLDEN

## **COVER LETTER**

TO:	Registration Se Division of Cor		<b>k</b> .	Þ
CHDII		A SERVICES GROUP, LLC		
SUBJE	:CI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Rico Dixson		
		Final Loving Act	Name of Person	<del></del>
		12345 Silton Peace Dr	Firm/Company	
		Riverview, FL 33579	Address	
		rico@finallovingact.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Rico E	Dixson		813 741-1508	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2:	5.00 Filing Fee	S30.00 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

FHED

2019 APR 19 PM 4:59

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L10000003536	\$7.5
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Final Loving Act, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	//A
<u>Principal office address MUST BE A STREET ADDRESS)</u>	
Enter new mailing address, if applicable:	- H/A
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	/ N/A
New Registered Office Address:	Enter Flofida street address
	Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

EXPEDIEM SERVICES GROUP, LLC

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			/ 
			□ Remove
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		/	Remove
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E. Effective date, if other than the date of filing:  (If an effective 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 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  (b) The 90th day after the record is filled.	•	
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Dated April, 16 2019	Dated A	April. 16 2019
Signature of a member or authorized representative of a member		XY A

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00