

L11000019509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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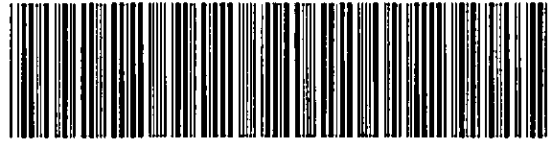
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL
CLERK OF COURT

D BRUCE
OCT 09 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Classic American Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Tice - Hoban
Name of Person
Classic American Services LLC
Firm/Company
2680 Wildwood Ln
Address
Fort Myers, FL 33905
City/State and Zip Code
305horselover@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Tice - Hoban at 239 410-5860
Name of Person Area Code Daytime Telephone Number

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)
☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Classic American Services 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 9-23-21 and assigned Florida document number 611000019509.

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 "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 office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Heather Tice-Hudson
2080 Wildwood Ln
Enter Florida street address
Fort Myers, Florida 33905
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.

Heather Tice-Hudson
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>	<u>Type of Action</u>
MGR	Jason Hobson	2680 Wildwood Ln	<input type="checkbox"/> Add
		Fort Myers, FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Heather Tice - Hobson	2680 Wildwood Ln	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2011 OCT -4 11:51 AM
ALL ACCESS
[X] Change
[X] Add
[X] Remove
[X] Change

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ST. JOHN'S
TALAMON, FL

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TALLAHASSEE, FL

7-10-68

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.

Dated September 23rd 2021

Heather Lee Hosen

Signature of a member or authorized representative of a member

HEATHER TICE - HOBSON

Typed or printed name of signee

Filing Fee: \$25.00