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(((H24000252136 3)))



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To:		
	Division of Cor	porations
	Fax Number	: (850)617-6383
From:		
	Account Name	: COTTRELL TAX & ACCOUNTING, LLC
	Account Number	: 120230000179
	DL	(220) 440, 4004

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YORK SERVICES, LLC

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#### COVER LETTER

# H240002521363

TO: Registration Se Division of Cor			
York Services	ces, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del> -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amber Lynch		
		Name of Person	
	York Services, LLC		
		Firm/Company	
	9214 Bexley Drive		
	<del> </del>	Address	*****
	Fort Myers, FL 33967		
		City/State and Zip Code	
	amber@yorkpaints.com E-mail address: (	to be used for future annual report noti	fication)
For further information c	concerning this matter, please c		
Amber Lynch		239 210-1439	
Name o	of Person	239 210-1439 at () Area Code Daytim	ic Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 Addres		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of I	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HO40000521363

York 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 I Florida document number L12000107417		iled on 08/20/2012	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and/or agent and/or the new registered office address.		s on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Amber Lynch		
New Registered Office Address:	9214 Bexley Drive	Enter Florida street address	
	Fort Myers	Florid:	33967
	Cit	, r 101103	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

## H240002521363

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>	Address	Type of Action
AMBR	Lynch, Amber	9214 Bextey Drive	□Add
		Fort Myers, FL 33967	[]Remove
			<b>≡</b> Change
AMBR	Lynch, Cody	9214 Bexley Drive	□Add
		Fort Myers, FL 33967	□Remove
			<b>≡</b> Change
			JAdd
			□Remove
			TO AGE
			SS NS M
			□ Rentave
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove

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