

L12000114655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

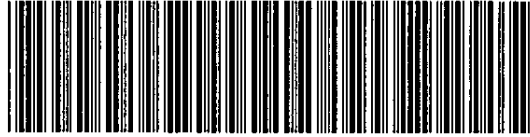
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 24 2015  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2015

STUART D. FISHER  
312 CAVALIER ROAD  
PALM SPRINGS, FL 33461

SUBJECT: S2F SERVICES, LLC  
Ref. Number: L12000114655

RECEIVED  
15 AUG 24 PM 12: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for S2F SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 715A00016872

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

S2F 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 09/07/2012 and assigned Florida document number L12000114655

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:**

312 Cavalier Road

**(Principal office address MUST BE A STREET ADDRESS)**

Palm Springs, FL 33461

**Enter new mailing address, if applicable:**

312 Cavalier Road

**(Mailing address MAY BE A POST OFFICE BOX)**

Palm Springs, FL 33461

**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:**

15 AUG 10 AM 10:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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 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	Odilio L. Garrido	357 Cavalier Road	<input checked="" type="checkbox"/> Add
	Admitted as a member and designated as second Manager on 7/1/15	Palm Springs, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stuart D. Fisher	312 Cavalier Road	<input checked="" type="checkbox"/> Add
		Palm Springs, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 DIVISION OF STATE  
 TALLAHASSEE, FLORIDA

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 STATE OF FLORIDA  
 DEPARTMENT OF STATE

