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TO:	Registration Se Division of Cor			
SUBJI		VICES, LLC		
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The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		HARRELL STEWART		
			Name of Person	
			Firm/Company	APT-1
		1102 N. OLD MILL DR.		
		-	Address	
		DELTONA, FL 32725		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	ali:	
HARR	ELL STEWART		386 215-4647	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fcc, 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

H.E.S. SERVICES, LLC				
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)		<u> </u>	
The Articles of Organization for this Limited Liabilit	ty Company were filed on DECEMBER 7, 2012		and as:	signed
Florida document number L12000153268				
This amendment is submitted to amend the following	j.			.L.C.
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 abbrev	viation "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DDRESS)			
		ţ -	7	
Enter new mailing address, if applicable:		<u> </u>	Ĩή	
(Mailing address MAY BE A POST OFFICE BOX)	2	7/2	<u></u> 	
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		777	655 777	·
B. If amending the registered agent and/or re		nter the	e pame	of the ne
registered agent and/or the new registered office a	address here:	5. 2.	w	
Name of New Registered Agent:				<u> </u>
New Registered Office Address:				· · · · nr · · · · · · · · · · ·
	Enter Florida street address			
	, Floric			
	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>	Address	Type of Action
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fective date, if other than the		AUGUST	1, 2017		(optio			÷
fective date, if other than the in effective date is listed, the date mu ote: If the date inserted in this b becument's effective date on the F	st be specific an lock does not a	d cannot be price meet the appli	cable statuto	ng or more thar ry filing requi	i 90 days after f	iling.) Pursi	uant to 60 not be lis	05.0207 (3 sted & s th
record specifies a delaye The 90th day after the rec	d effective cord is filed	date, but n	ot an effec	tive time,	at 12:01 a	m on th	ne earl	ier of:
AUGUST 1		, 2017	·					
Ha	ull E. Signature of a		- Q.		•			
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Filing Fee: \$25.00