<u> 130001468</u>

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
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TO:

COVER LETTER

7-:

	gistration Sec vision of Corp			
SUBJECT:	A & N Scrvi	ces		
SUBJECT:		Name of Lim	ited Liability Company	
		amendment and fee(s) are sub	-	
Please returi	n all correspon	dence concerning this matter	to the following:	
		John K. Eastham		
			Name of Person	
		Eastham Law Offices, P.A		
			Firm/Company	
		138 West Palmetto Park R	oad	
			Address	
		Boca Raton, Florida 33432	!	
		-	City/State and Zip Code	
		emjeastham@easthamlawoi		
		E-mail address: (to be used for future annual re	port notification)
For further i	nformation co	ncerning this matter, please co	all:	
John K. Eas	tham		561 395-6	6800
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 1	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & N Services, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		and assigned
Florida document number L13000001468		
This amendment is submitted to amend the followir	ng:	
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 t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	X)	Por =
		CR IAN
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>er address here</u> :	territhe natific of the new
Name of New Registered Agent:		5 5
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>	Address	Type of Action
MGRM	Arthur C. Peffer Jr. 12878 Sugar Creek Drive		Add
		Palm Beach Gardens, FL 33418	■ Remove
			Change
MGRM	Nancy J. Peffer	12878 Sugar Creek Drive	Add
		Palm Beach Gardens, FL 33418	■ Remove
			☐ Change
MGR	Arthur C. Peffer Jr.	12878 Sugar Creek Drive	B Add
		Palm Beach Gardens, FL 33418	Remove
			☐ Change
MBR	Nancy J. Peffer	12878 Sugar Creck Drive	
		Palm Beach Gardens, FL 33418	□ Remove
			∑ □ Change
			A A A A A A A A A A A A A A A A A A A
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			□ Add
			□ Remove
			☐ Change

E. Effective date, if other than the date of filing: (Optional) (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 605.020 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 the political of the poli	_				_
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			m. on th	ne ear	lier of:
Signature of a member or authorized representative of a member	Dated	4/2/16			
Signature of a member or authorized representative of a member					
		Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00