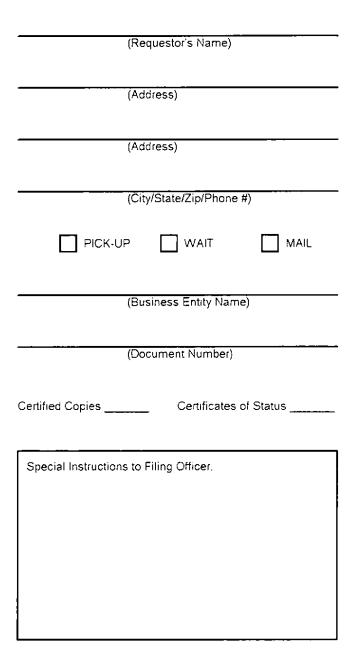
## 113000033942



Office Use Only

A. RIVERS SEP 1 5 2023



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## **COVER LETTER**

TO: Registration S Division of Co			*		
FACILIT"	Y MANAGEMENT SERVICES	SILC	•		
SUBJECT:		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	CHARLES KORTEN				
		Name of Person			
	·	Firm/Company			
	110 EAGLE EDGE LANE APT 112				
		Address			
	WINTER SPRINGS, FL 32708				
	charliekorten@icloud.com	City/State and Zip Code			
	E-mail address: (	to be used for future annual report noti	fication)		
For further information	concerning this matter, please c	all;			
CHARLES KORTEN		352 410-2930			
Name	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.		
(hach # 3635	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addro Registration		<u>Street Address:</u> Registration Se	ction		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FACILITY MANAGEMENT SERVICES LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company v	vere filed on 03/06/2013	and assigned
Florida document number L13000033942		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
CHARLIE KORTEN SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "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 ac agent and/or the new registered office address here:	ldress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		<u>~</u>
New Registered Office Address:	D . 17 . 1	
	Enter Florida street address	, *
	Florida	• • • • • • • • • • • • • • • • • • • •
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		i -

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
	<del></del>		□Add
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E E Const	data if other than the data of filing.
(If an ef) <u>Note:</u>	date, if other than the date of filing:
f the recorecord is fi	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	OGUST 9TH . 2023 .
	Sgnature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee