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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corpora		e e	
SUBJE		ut Foreclosure (Name of Limit	Tean-up & Trashored Liability Company	ud Services, LLC
The en	closed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please	return all corresponde	nce concerning this matter to	o the following:	
		Rayn	rend Denson J. Name of Person	(
		ln &	Out Services, 1	LLC
		P.O.	Box 2797 Address	
		FOA Y	Myers, FL 33 City/State and Zip Code	3902
	-	In and out seri	o be used for future annual report notifi	di com
For fur		erning this matter, please ca		
Ra	y rund Do Name of Pe	nson Jr.	at (239) 738 Area Code Daytime	- 9352 Telephone Number
Enclos	ed is a check for the fo	ollowing amount:		
12 \$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 Fee, 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**

Servizos, LLC ed Liability Company as it now appears on our recor (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on	109/201	3and assigned
Tiorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here:		
In 4 Out Services, LLC The new name must be distinguishable and contain the words "Limited Liability	Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	· T
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A SECONDARY	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our	r records, enter the	ne mame of the ne
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	City	, 1 101104	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			

<u>N</u>

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 = M $AMBR = A$	anager uthorized Member	•	•
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	•		□ Remove
		•	Change
			□ Add
			Remove
		•	Change
	 		Add
			Remove
		•	Change
			Add
			Remove
		•	Change
			□ Add
		•	Remove Change
			2: - STA: -
			☐ Remove ☐ Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff	ive date, if other than the date of filing: (January 23, 2017 (optional)) ective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	207 () as th
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	January 23, 2017.	
	Signature of a member or authorized representative of a member	
	Raymond Denson Jr. 22 12 Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00

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