

L13000097469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

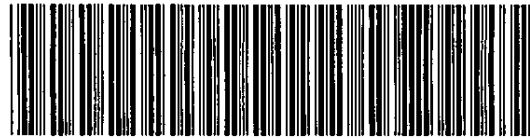
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/13--01031--006 **43.75

OCT -4 2013

T. HAMPTON

[Handwritten signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT -0 PM 4:38

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Service Specialists, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Frank
Name of Person
Service Specialists
Firm/Company
4235 Queensway Drive
Address
Jacksonville, FL 32257
City/State and Zip Code
servicespecialists32257@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Frank at (904) 881-7636
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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)

already paid see your letter of 9/12/13

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 OCT -4 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 12, 2013

DANIEL R. FRANK
SERVICE SPECIALISTS LLC
11471 GODFREY WAY
JACKSONVILLE, FL 32257

SUBJECT: SERVICE SPECIALISTS, LLC
Ref. Number: L13000097469

We have received your document for SERVICE SPECIALISTS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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.

Joey Bryan
Regulatory Specialist II

Letter Number: 913A00021469

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Service Specialists, 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 7-9-13 and assigned

Florida document number L13000097469

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4235 Queensway Dr
JAX FL 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

New Registered Office Address:

Betty Kathryn Ciccanti
4235 Queensway Drive
Enter Florida street address
Jacksonville Florida 32257
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 608, 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.

Betty Kathryn Ciccanti
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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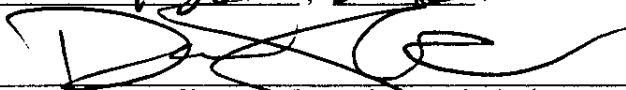
Add Remove Add

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

9-30, 2013



Signature of a member or authorized representative of a member

Daniel Frank

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
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TALLAHASSEE, FLORIDA