L140000 91982

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	,
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

	vision of Co			
SUBJECT:		ne Services		
SOBJECT.	•	Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Dennis R. O'Neal		
			Name of Person	4. V.
		O'Neal Home Services		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		521 6th St		
			Address	
		Holly Hill, Florida 32117		
			City/State and Zip Code	
		doneal5332@yahoo.com		
		E-mail address: (to be used for future annual report notifi-	cation)
For further i	nformation c	oncerning this matter, please c	all:	
Dennis O'Ne			386 852-2857	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 F	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

O'Neal Home Services			
(Name of the Limit	ted Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	<u>.</u>
ne Articles of Organization for this Limited Lorida document number L14000091982			and assigned
is amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited lia	bility company here:	
'A			
e new name must be distinguishable and contain the v	vords "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	
rincipal office address MUST BE A STREE	ET ADDRESS)		
nter new mailing address, if applicable: **Adding address MAY BE A POST OFFICE 1985	<u>BOX)</u>	N/A	
If amending the registered agent and gistered agent and/or the new registered o Name of New Registered Agent:			er the name of the
New Registered Office Address:		Enter Florida street address	UN 15 A
ew Registered Agent's Signature, if changing	Registered Agen	, Florida City t:	Zip Code

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
MGR	Smith, Beatrice K.	521 6th St	
		Holly Hill, Florida 32117	■ Remove
			Change
	•		Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
-			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
·		****	Add
			☐ Remove
			☐ Change

		
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or other. If the date inserted in this block does not meet the applicable statutory filing or occurrent's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant (ing requirements, this date will not be	to 605.0207 e listed as
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the ϵ	earlier of
ated June 13, 2016.		
ated June 13, 2016. Signature of a member or authorized representative	ve of a member	

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Filing Fee: \$25.00