# 44000104373

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## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: A	Forchible Servi Name of Lim	Ces LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brio	An Incycum Name of Person	
		Name of Person	
		Firm/Company	
	651	4 W Newberry Address	Rd #602
	being v	City/State and Zip Code  Com @ Gmail. Cu to be used for future annual report notifi	ication)
For further information o	concerning this matter, please co	all:	
Brien	Ingram	at (352) 2211 Area Code Daytina	6161
Name o	f Person	Area Code Daytima	e Telephone Number
Enclosed is a check for t	he 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)

### 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

Afterduble Service	s, llc		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	ars on our records.)	
		6/30/2014	
The Articles of Organization for this Limited Liability Company	/ were filed on _	6/30/2019	and assigned
Florida document number <u>L14000104373</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited link	silitu nomannu l	ham.	
Unlimited Inspection The new name must be distinguishable and contain the words "Limited Liab	15 LLC	, 	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			المساد المرابع
			造得
			2年 6 円
			防御 2 評
Enter new mailing address, if applicable:			120
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·
			6: -
B. If amending the registered agent and/or registered of	office address o	n our records, ent	er the name of the ne
registered agent and/or the new registered office address her		<u></u>	
Name of New Registered Agent:			
		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Fl.	orida street address	
	•	443	
	City .	, Florida	Zip Code
	•		г.ip Соае
New Designated Agent's Signature if shanging Designard Agent			

### 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>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Add
			🗖 Remove
			Add
			EFF 5 可 Remove
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		<del> </del>	☐ Remove
			Change
,			Remove
- /			☐ Change

D, 11 LI	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.) $\bigwedge / A$	
	<del></del>	
	Find 6.3	
	NOV 2	F
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		O
(If an e <u>Note</u> :	tive date, if other than the date of filing:    NOV   15   2017   (optional)	0207 (3)(t d as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	Nev 14 . 2017	
	Signature of a member or authorized representative of a member	
	Brian Ingram Typed or printed name of signee	

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Filing Fee: \$25.00