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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
	on Custom Services, LLC		
SUBJECT:	Name of Lim	<del></del>	
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:	
	Kevin Mcphearson		
		Name of Person	
	Mcphearson Custom Servi	ces, LLC	
	-	Firm/Company	<del></del>
	4629 N US IIwy 129		
		Address	
	Bell, FL 32619		
		City/State and Zip Code	<del></del>
	framer292002@yahoo.com		
	E-mail address: (	to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Kevin Mcphearson		386 623-6239	
Name	of Person	Area Code Daytime Telephone N	2024 HA SECRE TALI
Enclosed is a check for	the following amount:		DA -
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer	1.00 Filing Fee, rtificate of Statis & rtified Copy oditional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of 0	Corporations	Division of Corporations	
P.O. Box 63	27	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McPhearson Custom Services, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record nited Liability Company)	<b>F</b> )
The Articles of Organization for this Limited Liability Comp.	pany were filed on 11/05/2014	and assigned
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 contain 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 ADDRES.	<u>s)</u>	
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 here:	fice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	เปล	orida
	City	Zin 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cinnamon Mephearson	4629 N US HWY 129	■Add
		Bell, FL 32619	□Remove
			□Change
			□Add
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			□Change
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