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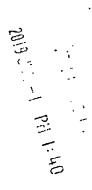
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Certified Copies	Certificates	of Status
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Amend

JUL 13 2019

I ALBRITTON

## **COVER LETTER**

то:	Registration S Division of Co			
SUBJE	Albritton N	Management Services LLC	·	
3 O D3 E	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Cindy Sarsen		
		Sarsen Law	Name of Person	
		2561 Sunny Creek Drive	Firm/Company	
		Fleming Island Florida 320	Address 003	
		csarsen@sarsenlaw.com	City/State and Zip Code	
For furtl	her information o	E-mail address: (concerning this matter, please co	to be used for future annual report notifall:	ication)
Cindy S	arsen		813 4537697	
	Name (	of Person		: Telephone Number
Enclose	d is a check for t	he following amount:		
<b>■ \$2</b> 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:

TO:

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

Albritton Management Services 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 03-24-2015 and assigned Florida document number L15000052740 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 ADDRESS) 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: Enter Florida street address

#### 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>	<u>Name</u>	Address	Type of Action
MGR	James Albritton	POB 1015 Dade City, Florida 33526	B ∧dd
			□ Remove
			☐ Change
MGR	Albritton Management Services LLC	POB 1015 Dade City, Florida 33526	Add
			■ Remove
			Change
			Remove
		<del></del>	Change
			□ Remove
		<del></del>	□ Change
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		June 26, 2019	)			_
Affective date, if other than the an effective date is fisted, the date me Note: If the date inserted in this becoment's effective date on the I	ust be specific and ca block does not mee	unnot be prior to	date of filing or role statutory filing	nore than 90 days at	<b>itional)</b> ter filing.) Pursuant to his date will not be l	605.0207 (3 listed as th
ne record specifies a delaye The 90th day after the re	ed effective dat cord is filed.	ce, but not	an effective	time, at 12:01	. a.m. on the ea	rlier of:
Dated		2019				
	- <u></u>		-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00