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K.SALY EXAMINER JUN - 3 2015

COVER LETTER

Division of Cor			
SUBJECT: Vale	Name of Lim	Services, 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:	
	Ralph Spage	Name of Person	
			•
		Firm/Company	
	2655 Ulme	erton Road St	<u>e 330</u>
	Clearwate	City/State and Zip Code	762
	RSPAGNOLO E-mail address: (``	ANRM.COM
For further information co	oncerning this matter, please ca	all:	
Ralph Spa	QNOO f Pason	at (727) 348 Area Code Daytir	3-9747 me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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rds.)	**177	SSEF	r_{i}^{s}	477

The Articles of Organization for this Limited Liability Company were filed on May 26, 2015 and assigned

This amendment is submitted to amend the following:

Florida document number

A.	If amending name,	enter the nev	w name of the	limited	liability com	pany here:

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)	
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 negistered agent and/or the new registered office address here:	ame of the new
Name of New Registered Agent:	
Tright of New Registered Agent.	
New Registered Office Address: Enter Florida street address	
Enier r torida strees 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 = A	uthorized Member =		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lisa Holloway	2655 Ulmerton Rd, Ste 330	51 Add
		Clearwater, FL 33762	□ Remove
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