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K SALY EXAMINER JUN - 9 2015.

## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations	•	
OUD INCT		SERVICES, LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles of	Amestiment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	: DAVID A. JAYNES		
	_ <sub>4</sub> .t	Name of Person	
	Law Office of David A. Jayı	nes	
		Firm/Company	······································
	1615 Forum Place, Suite 200	9	
	<del>-11</del>	Address	<del></del>
	West Palm Beach, FL 3340	1	
		City/State and Zip Code	
	D i laynes-Law@comcast.ne	be used for future annual report notific	ation)
For further information c	oncerning this matter, please cal		
David A. Jaynes		561 659-5050	
Name o		at () Area Code Daytime 1	l'elephone Number
	*** *		
Enclosed is a check for the	he following amount:		
■ \$25.00 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

j.

**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

2015 JUN-8 PH 6:21

SALLAHASSEE. FLORID

FINEST KIND 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 Comp Florida document number	any were filed on	May 26, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the de	esignation "LLC" or the ab	obreviation "L.IC."
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
₩,		<u> </u>	
Enter new mailing address; if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
*	<del></del>		<del> </del>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
i <sup>i</sup>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		

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>	<u>Address</u>	Type of Action
MGR	WILLIAM HALL	3541 Palm Drive	■ Add
		Riviera Beach, FL 33404	□ Remove
	45 1		□ Change
MGR	DAVID A. JAYNES	1615 Forum Place, Suite 200	
•	•	West Palm Beach, FL 33401	■ Remove
	u'		Change
			□ Add
			20 Remove
	21. 	<del></del>	Change
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	Signature of a member or authorized representative of a member
Typed or printed name of signee	
	Typed or printed name of signee

Filing Fee: \$25.00