## 15000151313

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SECKELARY OF STATE

MEL JOSOFIAH

## **COVER LETTER**

	Registration Sec Division of Corp			
erin ire	Schneck La	w LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspon	ndence concerning this matter	to the following:	
		Gregory Schneck		
			Name of Person	<u>.</u>
		Schneck Services LLC		
		<del></del>	Firm/Company	
		6586 Hypoluxo Road #315	5	
			Address	
		Lake Worth, FL 33467		
			City/State and Zip Code	
		gpschneck@gmail.com		
		E-mail address: ()	to be used for future annual report not	ification)
For furthe	er information co	oncerning this matter, please co	all:	
Gregory	Schneck		561 3080932 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

Schneck Law 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  $\underline{09/03/2015}$ \_ and assigned Florida document number \_L15000151313 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Schneck Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 \_, Florida \_\_\_ City

## 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
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Typed or printed name of signee

Filing Fee: \$25.00