1500195447

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(Address))	
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TALLAHIMSTELLIONDA

AUG 1 9 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
Med Servi	ces LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	f Amendment and fee(s) are sub	<u>-</u>	
- 10000 FOREST W. 1001100p	Mark E. Decook	to the following.	
		Name of Person	
		Firm/Company	
	21170 Lazy Days Cir.		
		Address	o
	Lutz, FL 33558		
	info@Med-Services-LLC.	City/State and Zip Code	<u>~</u>
	-	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	1:19
Connor Haskins		214 461-6223	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
МАП	ING ADDRESS:	STREET/COURL	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Med Services, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L15000195447		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21170 Lazy Days Cir.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Lutz, FL 33558	-1
to meight office numers mest but taxwast industry		5
		5
Enter new mailing address, if applicable:	21170 Lazy Days Cir.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Lutz, FL 33558	<u> </u>
		name v
		5 5 m
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	City	zip Coae

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Laurie C. Tornow	8461 RED ROE DRIVE	□ Add
		NEW PORT RICHEY, FL 34653	■ Remove
AMBR	Mark E. Decook	21170 Lazy Days Cir.	
	Lutz, FL 33558	☐ Remove	
			☐ Change
	····		D Add
			☐ Remove
			□ Change
			Remove
			Change
		·	Add
			D Remove
			☐ Change
		-1	Add
			☐ Remove
			☐ Change

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ective date, if other than the date of filing	(antional)
a effective date is listed, the date must be specific and	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be listed
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record specifies a delayed effective de l'he 90th day after the record is filed. ted 8-5-16	ate, but not an effective time, at 12:01 a.m. on the earlier

Page 3 of 3

Filing Fee: \$25.00