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COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: Florida Sovices Team LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bristy Jones Name of Person
Florida Services Team Firm/Company
9947 Cherry Hills are Circle
Bradenton L 34202 City/State and Zip Code
E-mail address: (to be used for fundre annual report notification)
For further information concerning this matter, please call:
Name of Person at (770) 826-4190 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

Florich Services Tec	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on January 6th 2016 and assigned
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	2947 Cherry Hiltsaue. Circle Bradenton fl. 34202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9947 Cherry Hills ove Circue Bradenton PL: 34202
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent: Kis	sty Jones
New Registered Office Address: 9947	7 Cherry. Hills ave Circle Enter Florida street address
Brader	Florida 34202 Zip Code

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

$AMBR = A_1$	uthorized Member		
Title	Name	Address	Type of Action
MER	Kristy Jones	9947 Chary Hills ave C	icle PAdd
		Boachon 34202	Remove
			Change
MCC	Marie Jones	9947 Cherry Hills ave	CICLE Add
		9947 Cherry Hills ave	Remove
		<u> </u>	Change
			Remove
			Change
			AGE SON CROMOVE
			Add
	·		Remove
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'If amending any other	•		(Anach adamon		ssury.j	
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Effective date, if other (If an effective date is listed, to Note: If the date inserted document's effective date.	d in this block does not	meet the applicab	date of filing or more le statutory filing	optio e than 90 days after requirements, this	onal) filing.) Pursuant to 605. date will not be liste	0207 (3 d as th
the record specifies a The 90th day after	delayed effective r the record is filed	date, but not a	an effective tir	me, at 12:01 a	.m. on the earlie	r of:
Dated November	- 28 ~/	, <u>2014</u>	<u>.</u> .			
	Signature of a	a member or authori	zed representative o	f a member		
	•		name of signee			

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Filing Fee: \$25.00