

L160000 147 41

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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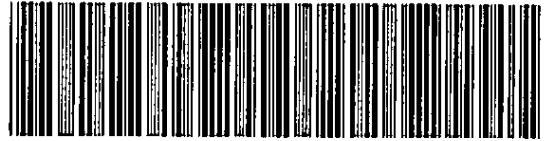
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fuddco Services 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:

Thomas T. White
Name of Person

Fuddco Services LLC
Firm/Company

P.O. Box 1584
Address

Hilliard FL 32046
City/State and Zip Code

Fuddcoservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas White at (904) 483-6560
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Fuddco 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 Company were filed on 01-21-2016 and assigned Florida document number L16000014741

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

37219 Wine Drive
Hilliard Fl.
32046

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box
1584
Hilliard Fl.

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:

37219 Wine Drive

Enter Florida street address

Hilliard

City

Florida

32046

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 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>	<u>Type of Action</u>
AMBR	Jeffrey Scott Trowille	37631 Eastwood Rd	<input checked="" type="checkbox"/> Add
		Hilliard Fl.	<input type="checkbox"/> Remove
		32046	<input type="checkbox"/> Change
AMBR	William Foster Allen, Jr	37141 Wine Drive	<input checked="" type="checkbox"/> Add
		Hilliard Fl.	<input type="checkbox"/> Remove
		32046	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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Remove
Change
Add
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The following addresses need to be amended,

MGRM

Thomas White - 37219 Wine Drive Hilliard FL 32046

AMBR

Janet Allen - 37141 Wine Drive Hilliard FL 32046

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TALLAHASSEE

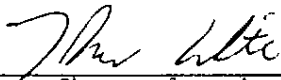
E. Effective date, if other than the date of filing: DOF (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

Thomas White

Typed or printed name of signee