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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Before 3 AG	Her Services, LL nited Liability Company	. <u>L</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Advin Middletus,	tsy
	Middletu	3 Milleten. P. Firm/Company	. Д
	277 E	Address Ave.	<del>-,</del>
	Tallah	City/State and Zip Code	b 3
	E-mail address: (	@ middle ton an to be used for future annual report noti	1 middleton.com
For further information co	oncerning this matter, please ca	all:	
Adria Name of	Middlefo Person	at (X)7 Daytim	e Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Betwee 3 A	Her Services LLL
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparison document number	any were filed on 3 11 2316 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	
Enter new mailing address, if applicable:	HAN 30 P
(Mailing address MAY BE A POST OFFICE BOX)	20.5 20.5 20.5 20.5 20.5 20.5 20.5 20.5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 A or removed fro	authorized Person(s) authorized to man om our records:	age, enter the title, name, and address of each	person being added
MGR = Man AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Zavaris Jackson	2633 Fletcher Ct. Hollywood FL. 33020	TAdd
		Hollywood FL. 33020	Remove
			Change
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☐ Change

. If almene	ling any other info	ermation, enter o	change(s) here:	(Attach addition	ial sheets, if nece	ssary.)	
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Note: If	e date, if other that ive date is listed, the dat the date inserted in the t's effective date on the	his block does not	meet the applicab	date of filing or mole statutory filing	c than 90 days after trequirements, this	<b>nal)</b> filing.) Pursuan date will not	it to 605.0207 (3 be listed as th
the recor ) The 9	rd specifies a del Oth day after the	ayed effective record is filed	date, but not	an effective tir	me, at 12:01 a	.m. on the	earlier of:
Dated	Much	30	, 201L	_•		TAL SE	16
	<u> </u>	HMONA Signature of a	hurtis	A. Marr	<u> </u>	CRE L LAHAS	FIL 16 MAR 30
					r a member	OTE III C)	
		Kurtis A.	Monis Typed or printed	name of signee		<u> ကို မ</u>	<del>-f.</del>
			Typed of printed	name of signee			<del>4:</del> 54

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Filing Fee: \$25.00