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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

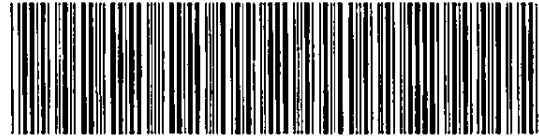
(Business Entity Name)

(Document Number)

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DIVISION OF

SHIMMONS

OCT 03 2017

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: CONNER'S SERVICE CENTER LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee are submitted for filing.

Very truly yours,

ROBERT H. CONNER II
Name of Person

CONNER'S SERVICE CENTER LLC
Firm Company

449645 US HWY 301
Address

CALLAHAN FLORIDA 32011
City, State and Zip Code

CONNERGATORMAN@HOTMAIL.COM
E-mail Address

For further information concerning this matter, please call:

ROBERT CONNER
Name of Person

at 904
Area Code

626 4504
District Telephone Number

Enclosed is check for the following amount:

☒ \$25.00 Filing Fee

☐ \$10.00 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
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CONNER'S SERVICE CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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Florida document number

LL160000097200

5/18/2016

This amendment is submitted to amend the following:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

449645 US HWY 301
CALLAHAN FL 32011

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ROBERT H. CONNER II
45280 STRATTON ROAD
CALLAHAN FL 32011

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

ROBERT H. CONNER II

New Registered Office Address:

45280 STRATTON ROAD

Callahan, Florida FL 32011

New Registered Agent's Signature of Incoming 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

WGR - Manager
AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROBERT H. CONNER II	45280 STRATTON Rd CALLAHAN FL 32011	X Add

□

☐ Sold

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

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 30 days after filing.) Pursuant to 90S 929-1(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

9/29/2017

Robert H. Conner II

Signature of a member or authorized representative of a member

Robert H. Conner II

Printed name of member