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## COVER LETTER

Division of Corporations
SUBJECT: PTY Services UC  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:
Vielka X. Griffis Name of Person
DTY Services Firm/Company
3708 Golden Reeds Ln
Jacksonville FC 32224 City/State and Zip Code
Hedoty Schotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vielka Griffis  Name of Person  at (904)  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status} \Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \

#### MAILING ADDRESS:

TO:

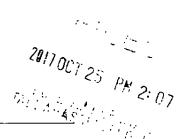
Registration Section

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



PTY Sex	vices 1	LC	77 2:
(Name of the Limited Li (A F	ability Company as it no lorida Limited Liability Co	w appears on our record ompany)	<u>ls.</u> )
The Articles of Organization for this Limited Liabili	ity Company were file	od on Septe	mber 13, 2017 and assigned
Florida document number L 1600170	<u>50 i</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability com	pany here:	
The new name must be distinguishable and contain the words	"Limited Liability Compa	ny," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		dress on our record	s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addres	
_	City	, FI	orida 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBE	Keydi J. Rosales	3332 Yucatan Pl.	Add
	•	3332 Yucatan Pl. Jacksonville Fl. 32225	Remove
			Change
		-	🗆 Add
			□ Remove
			Remove
			<u>- Zaz</u> □ Addi
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lf an effec <u>Note:</u> - If		te must be specific an his block does not i	d cannot be prior to meet the applicab			al) ling.) Pursuant to 605.0207 ( ate will not be listed as t
	rd specifies a de Oth day after the			an effective time	e, at 12:01 a.ı	m. on the earlier of:
Dated _	10-20	) -17		_ ·		
		Signaturofa	member or authori	zed representative of a	member	·
	5/.	11 /		name of signee		

Page 3 of 3

Filing Fee: \$25.00