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2023



COVER LETTER

TO:

TO: Registration So Division of Con			
SUBJECT:	5 Patch Servi Name of Lim	CLS LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James A	Ander SDA Name of Person	
	5 Patch	Services LLC	
		T mile Company	
	<u>1830 N. U</u>	Inversity Dr#	251
	Plantatio	On FL 33322 City/State and Zip Code	2021
	haquap E-mili address: (City/State and Zip Code Au	ification)
For further information of	concerning this matter, please ca		, :
James A	. Anderson	at (<u>954</u>) <u>459</u> Area Code Daytin	-7814 3
Enclosed is a check for t	he 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 Addre		Street Address:	wtion
Registration Division of C		Registration Se Division of Co	
P.O. Box 631	•	The Centre of	-
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 Patch.	Services, LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number $\frac{L 16001716}{}$		9 13 2016 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	2ù2
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	^)
B. If amending the registered agent and/or reg agent and/or the new registered office address		ds, enter the name of the new registered
Name of New Registered Agent:	James A. Ande	rson
New Registered Office Address:	1830 n. University Enter Floridas	Dr # 25 irect address
	Plantation	, Florida <u>33322</u>
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered	agent and agree to act in this can	wity. I further garge to comply with the

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

8-12-24

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>	Address	Type of Action
MUR	James A. Anderson	1830 N. University Dr #251	🖸 Add
		Plantation FL 33322	□Remove
			Change
			🗀 Add
			🗆 Remove
			Change
			🖸 Add
			□Remove
			} □Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

	F-2
	<u> </u>
	
fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicable beament's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.020
ecord specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ned August 4 2024	<i>2</i> .
Signature of a member or authoric	zed representative of a member
Signature of a member of audion,	zea representative of a memoci

Filing Foo: \$25.00