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## **COVER LETTER**

TO:	Registration Se Division of Cor						
CUBU		e Services LLC					
SUBJ	EC1:	Name of Lim	ited Liability Company				
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Victoria L Gould					
			Name of Person	<del></del>			
		A+ Versatile Services LLC					
Firm/Company							
	13827 Herons Landing Way, Unit 1						
	Address						
		Jacksonville, FL 32224					
			City/State and Zip Code				
		aplusversatileservices@gma					
For fu	rther information c	n-mail address: (	to be used for future annual report notifi all:	cation)			
Victor	ria L Gould		978 424-5928 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	ne following amount:					
\$2	5.00 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



A+ Versatile Services LLC

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

Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered  I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	Enter Floride  City  Agent:  nd agree to act in this cap mplete performance of m ent as provided for in Che	o street address , Florida pacity. I further ago y duties, and I am J apter 605, F.S. Or.	Zip Code ree to comply with the familiar with and if this document is
Name of New Registered Agent:  New Registered Office Address:	ess here:  Enter Florida  City	street address	
Name of New Registered Agent:	ess here: Enter Floride	street address	
Name of New Registered Agent:	ess here: Enter Floride	street address	
Name of New Registered Agent:	ess here:		the name of the nev
Name of New Registered Agent:		ur records, <u>enter</u>	the name of the nev
		ur records, <u>enter</u>	the name of the nev
B. If amending the registered agent and/or register	. 1 65 . 11		
(Mailing address MAY BE A POST OFFICE BOX)			
<del>-</del>			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	<del></del>
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desi	gnation "LLC" or the at	breviation "L.L.C."
A. If amending name, enter the new name of the limit	ed nability company nero	:	
A If amonding name agenths assument after their	ed liability company here		
_	ed liability company here		
This amendment is submitted to amend the following:			
The Articles of Organization for this Limited Liability Co Florida document number L16000210399  This amendment is submitted to amend the following:			and assigned

. 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>	Type of Action
MBR	Steven D Archer	13827 Herons Landing Way, Unit I	Add
		Jacksonville FL 32224	■ Remove
			☐ Change
			□ Add
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			Change
			20 de SEP
			Remove
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activa 4	date, if other t	han the da	e of filing	Sept 21, 2	2017		6	optional)	
effectiv	e date is listed, the	e date must be	specific and	cannot be pri	or to date of	filing or more	than 90 days	after filing.	) Pursuant to 605.0 will not be listed
ument'	s effective date	on the Depar	tment of St	ate's record	is.	···· , ······ <b>.</b>			
record	l specifies a	delaved ef	fective d	ate, but r	not an eff	ective tim	ne. at 121	01 a.m	on the earlie
	th day after			,	, o : a / . o		, 50 12.	<b>01</b> 0	on and dame
Sep	t 21, 2017								
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00