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SECRETARY OF STATE
TALLAHASSEE FLORING

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: French Unlimited Services LLC 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:	
Dennis French Name of Person	
Firm/Company	
38 Juniper pass Terr	
Ocala F 34480 City/State and Zip Code	
Frenchunlimiteoservices & Grad Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dennis French at 353 566-0417 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{Certified Copy}\$ (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy}\$	

### **MAILING ADDRESS:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	DERVICES LLC any as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11-17-	and assigned
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	-NA	D <sub>C</sub>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-n	17 FEB -6 AM ECRETARY OF
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her	ffice address on our records	, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:	Inter Florida street address	5
<del></del>	City, Flo	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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Colleen Campbell	722 SE 34an Terrace	□ Add
		Ocala, FI 34471	Remove
			☐ Change
<u>Ambr</u>	Emily Loynkop	2800 Diploma C+	Add
		2800 Diploma Ct Middleburg Fl 300 LD	B_□ Remove
			Change
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