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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
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2017 SEP 15 (1.3) 53

K. SALY SEP 15 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lambert To	Mily Services LLC of Limited Diability Company
The enclosed Articles of Amendment and fee(s) at	e submitted for filing.
Please return all correspondence concerning this n	atter to the following:
Samuel	M. Lambert Name of Person
Lambert	Family Services LLC
PO Box	1749 Address
<u>Delando</u>	FL 30802-1749 City/State and Zip Code Ding @ Vachooo. COM
E-mail add	ress: (to be used for future annual report notification)
For further information concerning this matter, ple	ase call:
Michael Lambert Name of Person	at (44) 271-2980 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of State	

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**

FIL	EO.
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	-		13 77 2
Lamber + (Name of the Limit	ted Liability Company (A Florida Limited Lia	as it now appears on our rec	L CC Sec.
†	•		
The Articles of Organization for this Limited	iability Company w	ere filed on $01 - 04$	and assigned
Florida document number <u>L1700003</u>	096.		
This amendment is submitted to amend the foll	pwing:		
A. If amending name, enter the new name o	f the limited liabili	ty company here:	
	1		
The new name must be distinguishable and contain the	ords "Limited Liability	Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
		Do Dov I	7.10
Enter new mailing address, if applicable:	,	Only do	799
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u> 	<u>Delando</u>	-L 32802-1749
B. If amending the registered agent and	11	ce address on our reco	rds, enter the name of the new
registered agent and/or the new registered of	nce address nere:		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street add	tress
			Florida
		City	Zip Code
New Registered Agent's Signature, if changing I	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

MGR = Manag AMBR = Author			·	
<u>Title</u> <u>N</u>	lame		Address	Type of Action
AMBR AS	nleigh Kristen Santamaria	_	PO BOX 1749 Orlando FL 32802	û Add
	Santamaria		orlando FL 32802	Remove
	;			Change
-		_		Add
				Remove
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				D Remove
				Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Ushleigh	Kristen '	Santama	na ou	ons now
Ushleigh 50% of She need	the LLC	: lamber	+ fami	ly Service
an need	c to be	added	45 C/2-	o mer
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		12 - 17		• •
ive date, if other than t	the date of filing:	be prior to date of filing o	more than 90 days aft	tional) ter filing.) Pursuant to 605.
If the date inserted in this tent's effective date on the			ling requirements, the	his date will not be liste
cord specifies a delay		but not an effective	e time, at 12:01	a.m. on the earlie
Onth day after the r				
90th day after the r	il.		ر	
		· · ·		
90th day after the r	, m, J	7 h		
	Signature of a metable	Dunds or authorized representat	vc of a member	
	Signature of a integriber	Dunds or authorized representat	ve of a member	
	Signature of a nucyfiber	or printed name of signee	ve of a member	