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| Special Instructions to | Filing Officer. | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Colong 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: |
| Colin Ball Name of Person |
| Firm/Company |
| 406 Lake Davenport Blud |
| Davenport, FL 33897-5428 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 8/03 206 7/68 |
| COlin Ball Name of Person at (863) 206-7168 Area Code Daytime Telephone Number 5 |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Filing |

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**

| (<u>Name of the Limited Lia</u> (A Flo | ability Company as it now appears on our records.) orida Limited Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liabilit | ty Company were filed or 01/12/17 and assigned and assigned. |
| This amendment is submitted to amend the following | y. |
| A. If amending name, enter the new name of the | limited liability company here: |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET AD | ODRESS) Property Services |
| | |
| | AS SS S |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered office a | egistered office address on our records, enter the name of the address here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | |
| | , Florida |

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 Title <u>Name</u> **Address Type of Action** Ronald C Menke MGR 1000 mainst. Space 67 - Add Davenport, FL 33897 ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ÷ Change _□ Add ☐ Remove ☐ Change _□ Add □ Remove

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| ffective date, if other than the date of filing: | (optional) | |
| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the lote: If the date inserted in this block does not meet the applicable statutory filing required. | an 90 days after filing.) Pursuant to 605. | .020. |
| locument's effective date on the Department of State's records. | unctions, this date will not be liste | .u a |
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| e record specifies a delayed effective date, but not an effective time, | at 12:01 a.m. on the earlie | er o |
| The 90th day after the record is filed. | | |
| - Enbrunny ath 2017 | | |
| Pated February 9th, 2017. | | |
| 119 MAL | | |
| | | |
| Signature of a member or authorized representative of a r | nember | |

Page 3 of 3

Filing Fee: \$25.00