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COVER LETTER

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SUBJECT:	Listo Servic			
SUBJECT:			ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		Clayton C Catheart		
			Name of Person	
		Listo Services LLC		
			Firm/Company	
		14773 Crimson Bluff Aly		
			Address	
		Winter Garden FL 34787		
			City/State and Zip Code	
		clay@listotax.com	to be used for future annual report notifi	
For further i	nformation co	n-mail address: () oncerning this matter, please ca	·	cation)
Clay Cather			541 941-6290 at ()	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 1	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

- C

Listo Services LLC	7 NOV			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{4.17000019033}{}$.				
This amendment is submitted to amend the following:	^ <i>(</i> (,)			
A. If amending name, enter the new name of the limited liab	ility company here:			
<u> </u>				
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	14773 Crimson Bluff Aly Winter Garden FL 34787			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14773 Crimson Bluff Aly Winter Garden FL 34787			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Florida			
	City Zin 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>	Address	Type of Action
AMBR	Steven A Murray	250 Cherry Bark Ln	
		Medford OR 97501	■ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
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			🗅 Add
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Tective date, if other than the in effective date is listed, the date must	date of filing: st be specific and canno	ot be prior to date o	Tiling or more than S	(optional) 30 days after filing.) Pr	ursuant to 605.0207
ote: If the date inserted in this bl	ock does not meet th	ne applicable stat	utory filing require	ments, this date wi	ll not be listed as
ocument's effective date on the D	epartment of State's	records.			
record specifies a delayed The 90th day after the rec		but not an ef	fective time, a	: 12:01 a.m. on	the earlier of
November 08.	201	17			
ited	· · · · · · · · · · · · · · · · · · ·	•			

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Typed or printed name of signee

Filing Fee: \$25.00