LI70000 19033

(Requestor's Name)	
(Address) (Address)	000328
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	64/22/13
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	APR 2 9 2019
Office Use Only	S. YOUNG



04/22/13--01024--022 *•25.00

COVER LETTER

TO: Registration Section Division of Corporations

Listo Services, LLC

SUBJECT: _

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:

Clayton 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

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clayton Cathcart

Name of Person

at (_____) Area Code Day

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Listo Services, LLC		_
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on <u>01/24/2017</u>	and assigned
florida document number L17000019033		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	bility company here:	
	11. Construction of 1 (C ¹¹	or the obbraviation "L. L. C."
The new name must be distinguishable and contain the words "Limited Liab	anty Company, the designation the	of the anneviation (c.c.e.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	_ <u></u>	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		. <u> </u>
		_
B. If amending the registered agent and/or registered of	office address on our records,	enter the name of the ne
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	Cin	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Steven Murray	962 Callaway Dr. Medford. OR 97504	🖬 Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			🛛 Add
			CRemove
			Change
			🖸 Add
		.	Remove
			Change

D. If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

April 16th Dated __

2019

11-

Signature of a member or authorized representative of a member

Clayton Cathcart

Typed or printed name of signee

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Filing Fee: \$25.00

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