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T. CLINE
SEP 12 2 2 5 5 6 6
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Floyd's Custom Services 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:
Cony Tyler Floyd Name of Person
Flast's Coston Services
4602 SE High Falls Pd
Love City FL3006 Great T180 Contact C
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigsiz \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ Certificate of Status \$\text{\$0.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$\$

MAILING ADDRESS:

TO:

Registration Section

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

. 1.

(Namy of the Limited Liabili	ty Company as it now appears on our re	2 <u>S</u>
(A Florid	(Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number <u>L. 1.7.0000</u>	353	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim The new name must be distinguishable and contain the words "Lin	of Tracter L	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		丸.
		C.:
B. If amending the registered agent and/or regis		ords, enter the name of the nev
registered agent and/or the new registered office add	lress here:	E A
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
nen registered strice radices.	Emer Florida street e	uklress
		. Florida
	Cuv	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 = M \\ AMBR \stackrel{!}{=} A $	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. Effectiv	e date, if other than the date of filing:	l) 10. i Piursi	ent to 605 O
Note: 11	the date inserted in this block does not meet the applicable statutory filing requirements, this da	te will n	ot be listed
documei	nt's effective date on the Department of State's records.		
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m	on th	o ozrlior
	90th day after the record is filed.	. On ti	ie earner
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Dated _	81018		
	Symmetric of a hember or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00