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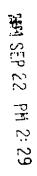
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: 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: The Concerning this matter to the following: Name of Person Vec Service LC Firm/Company Address Address Firm/Company Address Firm/Company Address Firm/Company Address Firm/Company Address Firm/Company Address Firm/Company Address One Plant address: (to be used for future langual report notification)
Name of Person The please call: Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF Company as it is	Tee Serve LCC
(A Florida Limited Liability C The Articles of Organization for this Limited Liability Company were file Florida document number 110000 45311.	ompany)
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability con</u>	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	22
Enter new mailing address, if applicable:	P
Mailing address MAY BE A POST OFFICE BOX)	,;
Braning address STAT BE A POST OFFICE BOX)	. 9
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

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>	Name	Address	Type of Action
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			□Change
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 e: If the date inserted in this block does not meet the applicable statutory filing require	on days after filing.) Ements, this date	will not be listed a
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	unling of the The	o Outh down after th
s filed	ineror. (b) The	e 90th day after th
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ed Olyton Der 20 /. 2021.		
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Signature of a right ber or authorized representative of a men	ıber	