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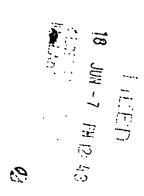
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O SIMMONS
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ing Stance	= 4.6 .	
50BJEC1:1		ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	idence concerning this matter t	o the following:	
	,)natt	tron Ramaho	10
		Name of Person	
	-T.0 = S	E ONLE F	
	11100 8	E WLCE Firm/Company	
	2060 W	- 21St STR	E 1
	JAcksonu	City/State and Zip Code	52209
	E-mail address: (t	than a out to	ook Com
For further information co	ncerning this matter, please ca	II:	
Jonatha	a familla	at (904) 516	1 Telephone Number
Name of	Person	Area Code Day	time Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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 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

03-08-17 The Articles of Organization for this Limited Liability Company were filed on Florida document number \(\begin{array}{c} \begin{array}{c} \begin{array}{ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SERVICE UNLIMITED 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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	LILY RAMDHAD	26731 US Huy 301D	🗖 Add
		21731 US Huy 301D LAWTEY 72 32058	Remove
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an effective date is liste of the office of the date insertions.	er than the date of d, the date must be spec- rted in this block doe date on the Departme	ific and cannot be prio s not meet the appli	cable statutory filing	ore than 90 days afte	ional) er filing.) Pursuant to 605.0. is date will not be listed
	s a delayed effec ter the record is		ot an effective t	ime, at 12:01	a.m. on the earlier
ated <u>6/4</u>		. 20/8	·		
		re of a member or auti	7-26-64		
		a f	will be representative	of a member	

Page 3 of 3

Filing Fee: \$25.00