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DIVISION OF CORPORATIONS

O SIMMONS JUN 2 1 2017

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
SUBJECT:	Name of Limit	als Dection Sited Liability Company	Services, LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		ned Middle Name of Person	ieton
		Firm/Company	
	3152	Bowfin D	V
		Address	
	Land	City/State and Zip Code	-L 34639
	E-mail address: (i	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please or	ill:	
Armed	Middle to	n at (412) 478 - Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
	☐ \$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

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

				7	$\neg \Box$
(Name of the Limited I	Liability Company a Florida Limited Liabi	s it now appears on c lity Company)	our records.)	C7 C7	
The Articles of Organization for this Limited Liabi Florida document number	57234	re filed on	3/14/20	TEN 19 PARTIES OF THE	
A. If amending name, enter the new name of th	e limited liability	company here:			
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	ompany," the designa 3152 Land	tion "LLC" or the a	bbreviation "L.I.C. Sin Dr SKES F 3463	:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>.v)</u>	315Z	Bowf O la	fin Dr akes F	- <u>-</u>
	_			3463	<u>Pc</u>
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, enter	the name of	the new
Name of New Registered Agent:					
New Registered Office Address:	3152	Bow-F Enter Florida str	vet address	<u>} </u>	
-	Land O	Lakes	Florida	3463 ^C Zip Code	<u>†</u>

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_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Add
			<u> </u>
			To Change
			Permove FILE Office Off
			Change
			Петюче
			☐ Change
			□ Remove
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			□ Change

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fan effe <mark>Note:</mark> J	we date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated _	June 16 2017.
	Anned J. Middleton Signature of a member or authorized representative of a member
	Λ
	Nyped or printed name of signee

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Filing Fee: \$25.00