· "L17000 115819

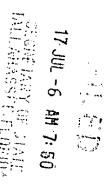
(Requestor's Name)
(Address)
(Address)
()
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
••
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300301023773

07/05/17--01020--026 **25.00



COVER LETTER

	ration Sect on of Corpo							
SUBJECT:	ەك	reop	Rasmus Name of Lin	Sen Se nited Liability Co	►∪ L ∈ e mpany	5 LL	<u>c. </u>	
The enclosed A	rticles of Ar	nendment	and fee(s) are sub	omitted for filing	g.			
Please return all	correspond	lence conc	erning this matter	to the followin	g:			
			Jacob	Rasmu-	ちらん Person			
		**************************************	Jacob	Rosmus Firm/Coi	Sen) npany	Servic	es LLC	
			14861	85+h Addro	Rd N)		
			Loxal	City/State and	F FL I Zip Code	334-	10	
			E-mail address: (to be used for fut	ture annual r	eport notification	ation)	
For further info	rmation con	cerning thi	s matter, please c					
Jacob	Rasn	nusse	en	at (5	(اما	856-	4027	
	Name of P	erson		Area	Code	Daytime T	elephone Number	
Enclosed is a ch	eck for the	following	amount:					
\$25.00 Filin	ng Fee		Filing Fee & ficate of Status	□ \$55.00 F Certifie (additions			□ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	

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

	ien Services LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records. Liability Company))	
Γhe Articles of Organization for this Limited Liability Compan	y were filed on $5 25 26$	בו	and assigned
Florida document number <u>L 17000115 819</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	Services LLC ility Company," the designation "LLC"	or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			PARA
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	***************************************		
			
B. If amending the registered agent and/or registered	·	enter 1	the name of the
registered agent and/or the new registered office address he	<u>re</u> :	主の	17
Name of New Registered Agent:			Ę
New Registered Office Address:		333	or just
-	Enter Florida street address		
	, Flor	ida	Zip Code
	City	ار الماري ال الماري الماري المار	Cap Come

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</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jacob Rasmussen	14861 85th Rd N	
		Loxahatchee, FL 33470	☐ Remove
		(To correct Spelling of last name	X Change
			Add
			☐ Remove
			☐ Change
	.		🗆 Add
			□ Remove
			Change
			Add
			□ Remove
			_☐ Change
			_□ Add
			□ Remove
			_□ Change
			_□ Add
			_□ Remove
			□ Change

EIN#	82-2017653	(please	A99)	
		<u></u>		
				
		· · · · · · · · · · · · · · · · · · ·		
	<u>.</u>			
	<u> </u>			
			<u>ئۇرىدى:</u> <u>ئىد</u>	
				1
			(%) - (%) -	<u> </u>
				1
				<u>න</u>
			A Section of the sect	O.
	than the date of filing:	orior to date of filing or mo	(optional) re than 90 days after filing.) I	Pursuant to 605
	I in this block does not meet the ap on the Department of State's reco		requirements, this date w	rill not be list
b offootive date	on the population of butters foot	es value		
ord specifies a	delayed effective date, but	not an effective tir	me at 12:01 a.m. o	n the earli
90th day after	the record is filed.	not an encoure in	110, at 12.01 a.m. of	ii tiio oaiiii
June	30 , 201	٦ .		
	Signature of a member of	······································		
	July forms			
	2	thoriand romanoantative a	C 1	
	Signature of a member or a	aumorized representative o	of a member	

Page 3 of 3

Filing Fee: \$25.00