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| | (Requestor's Name) | | | | | |
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| | PICK-UP WAIT MAIL | | | | | |
| <u> </u> | (Business Entity Name) | | | | | |
| Ť | (Document Number) | | | | | |
| Cé | ertified Copies Certificates of Status | | | | | |
| | Special Instructions to Filing Officer: | | | | | |
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DIVISION OF CORE GRANIONS

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COVER LETTER

| TO: | Registration Section Division of Corporations |
|-------------|---|
| SUBJ | T: Mick's SERVICES, LLC Name of Limited Liability Company |
| The c | osed Articles of Amendment and fee(s) are submitted for filing. |
| Please | eturn all correspondence concerning this matter to the following: |
| | Michael Shaw |
| | Traine VI Casell |
| | Firm/Company |
| | 564 Parish Blud |
| | Address |
| | Mary Esther FL 32569 City/State and Zip Code |
| | City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| | E-mail address: (to be used for futuge annual report notification) |
| For fi | ner information concerning this matter, please call: |
| <u> </u> | Name of Person at (850) 582-6012 Area Code Daytime Telephone Number |
| | Name of Person Area Code Daytime Telephone Number |
| Enclo | is a check for the following amount: |
|) -s | 00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

| MICK'S SER | VICES, LLC | _ |
|---|---|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L ! 7000 2 664 5</u> This amendment is submitted to amend the following: | were filed on June 9, 2 | .017 and assigned |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| No Change The new name must be distinguishable and contain the words "Limited Liabil | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | No Cha | mae |
| (Principal office address MUST BE A STREET ADDRESS) | |) |
| Enter new mailing address, if applicable: | | F 1 L E D |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of | ffice address on our records, en | G. Car |
| registered agent and/or the new registered office address here | <u>.</u> | |
| Name of New Registered Agent: | No Change | · |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | Zip Code |
| | Сиу | гар Сове |

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 = N AMBR = A | Manager Authorized Member | | |
|---------------------|------------------------------|--------------|--|
| <u>Title</u> | Name | Address | Type of Action |
| | No Change | | |
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