L17000/26817

	(Requ	estor's Name	•)	
	(Addre	ess)		
	(Addre	ess)		
	(City/S	State/Zip/Pho	ne #)	
PICK-UI	Р	☐ WAIT		MAIL
	(Busir	ness Entity Na	ame)	
	(Docu	ıment Numbe	r)	
Certified Copies		Certificat	es of Sta	atus
Special Instruction	s to Fil	ling Officer:		

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7 SEP 13 PN 2: II

COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:	PIERCE &	LOCKE MOBILE SER	RVICES LLC	
20202011		Name of Limi	ted Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return	all corresponde	ence concerning this matter t	o the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY	249 SUITE 220	
			Address	
		HOUSTON TX 7706	4	
			City/State and Zip Code	
		MARSHA@INCFILE.	COM be used for future annual report notifica	Carry .
For further in	formation cons	eerning this matter, please cal	·	non)
		erning tins matter, please cal	u.	
MARSHA	SIHA		888 462-3453	
	Name of Pe	erson	at () Area Code Daytime Te	elephone Number
Enclosed is a	check for the f	following amount:		
■ \$25.00 Fi	ling 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:

TO: Registration Section

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

PIERCE & LOCKE MOBILE SERVICES L		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
(A Fortu Limes E	addincy Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/09/2017	and assigned
Florida document number L17000126817		<u> </u>
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Pierce Mobile Services LLC		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
T		٠. 🛨
Enter new principal offices address, if applicable:		Po a
(Principal office address MUST BE A STREET ADDRESS)		等 第 7
		132
		SAC WITH
m		
Enter new mailing address, if applicable:		- 6 2 2
(Mailing address MAY BE A POST OFFICE BOX)		20 m =
		P 0
B. If amending the registered agent and/or registered off	fice address on our records, enter	the name of the new
registered agent and/or the new registered office address here		
Name of Name Devices and America		
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Florida	
	Cin ⁱ	Zip Code
	•	•

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BOBBY LOCKE	967 EL CAMINO	
		PENSACOLA, FL 32533	■ Remove
			Add
			□ Remove
			Add
			Remove
			
			Remove
			
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fective date, if other than the date effective date must be specific, cannot be date this document is filed by the Florida	e of filing: prior to date of receipt or filed date and cannot b Department of State)	(optional) e more than 90 days after
date this document is filed by the Florida	Department of State)	(optional) e more than 90 days after
fective date, if other than the date effective date must be specific, cannot be addet this document is filed by the Floridated September 5 PHILLIP PIERCE - A	Department of State) 2017	(optional) e more than 90 days after

Page 3 of 3

Filing Fee: \$25.00