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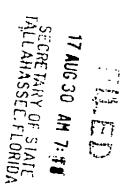
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Petite Services LLC Name of Limited Limbility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shorta Lawrence
Petite Services LLC Firm/Company
728 Ck, KS Field Rd Address
Jacksonville Fl 32211 City/State and Zip Code
E-mail address: (to be used for fulure annual report hotification)
For further information concerning this matter, please call:
Shorta Lawrence at (202) Sbb - 0025 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

Vetite Services	5, LLC
(Name of the Limited Liability Compa (A Florida Limited	ny 4s it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17 000137906</u> . This amendment is submitted to amend the following:	were filed on 6/23/2017 and assigned
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	▲ .
Enter new principal offices address, if applicable:	9501 Achington Expy Ste 200
(Principal office address MUST BE A STREET ADDRESS)	9501 Arlington Expy Ste 200 Lickson ville, F1 32225
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	9501 Arlington Expy, Ste200 Jacksonville, Fl 32225
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, enter the pame of the new
Name of New Registered Agent:	SET O
New Registered Office Address:	
	Enter Florida stroet address RA
	City 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 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 Type of Action Address <u>Title</u> Name 728 Oaks field Rd - Add Shorta Lawrence CEO Jacksonville; F132211 _ Change Kim Richards 10968 Umgate Rd DIR Jacksonville, Fl 32218 ☐ Remove (Change _□ Add ☐ Remove □ Change □ Add □ Remove _□ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change

amending any other information, enter change(s) here: *LAttach additionary,*				
				
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing re locument's effective date on the Department of State's records.	(opti than 90 days after equirements, thi	tiling.) Pu	rsuant 14 I not be	o 605,020 e listed æ
e record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a	a.m. on	the e	arlier o
Shorta Laurence				
Signature of a member or authorized representative of	a member			
Shonta Lawrence Typed or printed name of signee	,			

Page 3 of 3

Filing Fee: \$25.00