## L17000139101

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City,	/State/Zip/Phon	
PICK-UP	MAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



600304251486

10/10/17 -01036--001 \*\*30.00

61 th the G1 130 11

OCT 1 1 20 7

## **COVER LETTER**

Registration Section

TO:

Division of	Corporations		
	ble Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	s of Amendment and fee(s) are sub		
	Lotus Dinan		
		Name of Person	
	Accessible Services LLC		
		Firm/Company	
	14505 Rialto Avenue		
		Address	
	Brooksville, FL 34613		
	office@accessibleservicestl	City/State and Zip Code	
	_	to be used for future annual report	notification)
For further information	on concerning this matter, please ca	all:	
Lotus Dinan		727 288-8835	3
Na	ne of Person		time Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fee	e ■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FL	porations g : Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Accessible Services LLC			
(Name of the Lin	ited Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Florida document number <u>L17000139101</u>	Liability Company	were filed on 06/25/2017	and assigned
This amendment is submitted to amend the fo	llowing:		
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	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	14505 Rialto Avenue	
(Principal office address MUST BE A STRE		Brooksville, FL 34613	
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and			cords, enter the name of the new
registered agent and/or the new registered	office address her  Lotus Dinan	<u>'e</u> :	A P
Name of New Registered Agent:	Lotus Dillan		<del></del>
New Registered Office Address:	14505 Rialto A		
		Enter Florida street e	
	Brooksville	City	, Florida <sup>34613</sup> Zip Code
New Registered Agent's Signature, if changing	Degistered Agents	•	Zip Coae
	-		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my dutie	s, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gabriella Mobley	12816 Settlers Drive	
		Hudson, FL 34667	■ Remove
			Change
MGR	Gabriella Merrill	14505 Rialto Avenue	<b>=</b> Add
		Brooksville, FL 34613	□ Remove
			Change
MGR	Joseph Dinan	14505 Rialto Avenue	
		Brooksville, FL 34613	Remove
			☐ Change
MGR	Lotus Dinan	14505 Rialto Avenue	्रं <b>ब</b> Æर्युध
		Brooksville, FL 34613	Remove
			- Ghange
MGR	Sandra Mills	1446 Huggetts Road	S. ₽Add
		Labelle, FRL 33935	□ Remove
			Change
	Sandra Mills		
			Remove
			Change

				<u></u>
	<del></del>			
			<del></del>	<del></del>
<del> </del>		<del></del>		
			ı	
				17 (
			<del>- j</del>	<del></del>
			- 25	<del></del>
			713	32
			7.	
			372	_ <del></del>
			Ę,	9
fective date, if other than the da	ite of filing:	(0)	ptional)	
in effective date is listed, the date must bote: If the date inserted in this block	specific and cannot be prior to date	of filing or more than 90 days a	fter filing.) Pu	ursuant to 605.0.
cument's effective date on the Depa		statory ming requirements.	mis date wi	ii not be nated
record specifies a delayed e		effective time, at $1\frac{1}{2}$ :0:	1 a.m. on	the earlier
The 90th day after the recor	d is filed.			
October 5	2017			
ted				
Joseph J	gnature of a member or authorized re	entesentative of a member		
// /	your a morning of analog of	epresentative of a memori		
Joseph Dinan				

Page 3 of 3

Filing Fee: \$25.00