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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

Division of Corporations
SUBJECT: M Service Manager Wint Lice Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel Kican Name of Person
MBM Service Management Lic
11213 77th St E
Parcish Fl 34219 City/State and Zap Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 1941 900 - 4411 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee \& 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

(Name of the Limited Liability (A Florid	lity Company is it now appears on our records.) la Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number <u>L1700171033</u>	Company were filed on 81012017	and assigne	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lim	mited Liability Company," the designation "LLC" or the a	abbreviation "L L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)	- 100 T	T
Enter new mailing address, if applicable:		S	
(Mailing address MAY BE A POST OFFICE BOX)		7: 3 9	
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the	he_new
Name of New Registered Agent:			 ·
New Registered Office Address:	Enter Florida street address		
	, Florida _		
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>4mB</u> R	Eric Mitz	liaas 774 St E.	⊠_Add
		Partish Fl 34219	Remove
			Change
<u>AMB</u> R	Valence Mitz	11228 77th St E.	 _ _ X Add
		Parish FL 34219	C Remove
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Note: If the d	e, if other than the cate is listed, the date must late inserted in this blo flective date on the De	ck does not n	neet the app	licable statuto	ing or more than ! ry filing require	(option: 0 days after fili- ements, this da	d) ng.) Pursuant to tte will not be	o 605.020 Histed a	97 (3 48 th
the record sp) The 90th	pecifies a delayed day after the reco	effective d rd is filed.	late, but i	not an effe	ctive time, al	: 12:01 a.m	n, on the ea	arlier (of:
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Filing Fee: \$25.00