

217000175225

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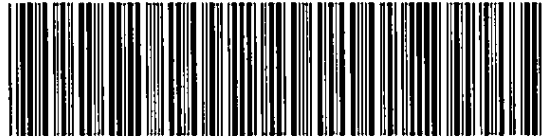
(Business Entity Name)

(Document Number)

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S. WARREN

AUG 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nine Oaks Services, LLC
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:

Michael B. Shockey, Jr.
Name of Person

Nine Oaks Services, LLC
Firm/Company

710 Old Tung Grove Rd.
Address

Monticello, FL 32344
City/State and Zip Code

mshockey68@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael B. Shockey, Jr. at (850) 559-3101
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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:
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**

Nine Oaks Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 16, 2017 and assigned Florida document number L17000175225.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

April P. Shockey

New Registered Office Address: _____

Enter Florida street address

City

Florida

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.

April P. Shockey
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	April P. Shockey	710 Old Tung Grove Rd	<input type="checkbox"/> Add
		Monticello, FL 32344	<input checked="" type="checkbox"/> Remove
		{ Removing April as MGR, + changing her title to "Registered Agent" (see below, "add")	
			<input checked="" type="checkbox"/> Change
AMBR/Agent	Michael B. Shockey, JR.	710 Old Tung Grove Rd	<input type="checkbox"/> Add
		Monticello, FL 32344	<input checked="" type="checkbox"/> Remove
		{ Removing Michael as Registered Agent + changing his title to "MGR" (see below, "add")	
			<input checked="" type="checkbox"/> Change
Registered Agent/ AMBR	April P. Shockey	(see above address)	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael B. Shockey, JR.	(see above address)	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

These changes reflect the way in which we originally intended the LLC to be set up, but mistakenly put the wrong names into the wrong categories. Please call Michael at 850-559-3101 with any questions. Thank you!

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 23, 2017

Michael B. Shockey, Jr.
Signature of a member or authorized representative of a member

Michael B. Shockey, Jr.
Typed or printed name of signee

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