L17000 191424

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600304245626

10/25/17--01014--008 **25.00

2011 OCT 25 PM 3: 49

K SALY OCT 2

COVER LETTER

ТО:	Registration Se Division of Cor			
SUBJE		SERVICES, LLC		
50000	C.1.	Name of Lin	nited Liability Company	·
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Britten Leslie Steiner		
			Name of Person	
		Phelps Dunbar LLP		
			Firm/Company	
		P. O. Box 2727		<u>'</u>
			Address	
		Mobile, AL 36652		
			City/State and Zip Code	
		britten.steiner@phelps.com E-mail address: (to be used for future annual report notif	leation)
For furth	ner information c	oncerning this matter, please c	all:	
Britten	Leslie Steiner		251 432-4481 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$25.	.00 Filing Fee	S30.00 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)

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

2017 OCT 25 PK 3: 48

J. ODOM SERVICES, ELC

(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 September 13, 2017	and assigned
Florida document number 1.17000191424	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
J. O. SERVICES INSURANCE, LLC		
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented Name of New Registered Agent:		er the name of the nev
New Registered Office Address:		
New Registered Office Audiess.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I at agent as provided for in Chapter 605, F.S. C red office address, I hereby confirm that the	on familiar with and Or, if this document is
	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:

$\mathbf{AMBR} = \mathbf{A}0$	anager uthorized Member		201700725	
<u>Title</u>	<u>Name</u>	Address	20170C7 25 PM 3: 49	Type of Action
			277. 177. 18	🗆 Add
				☐ Remove
				Change
			· · · · · · · · · · · · · · · · · · ·	Remove
				│ □ Change
				🗆 Remove
				Change
				🗆 Add
				Remove
				Change
				Remove
				Change
				□ Add
		 -		□ Remove
				□ Change

		<#11	4-2
			25 PM 3-4
		7(1:4,33	
			Girtis
		-	
			
			ĺ
	-	·—	
		.	
tive date, if other than the date of filing: [Rective date is listed, the date must be specific and cannot be prior [If the date inserted in this block does not meet the application.]	to date of filing or more than 90 c	_ (optional) ays after filing.)	Pursuant to 605.0
ment's effective date on the Department of State's records.	able statotory filing requireme	ms, ms date v	in not be fister
and annifor a delayed affective data. It is an		2.01	
cord specifies a delayed effective date, but no e 90th day after the record is filed.	t an enective time, at 1	2:U1 a.m. o	n the earlie
October 20 (2017			
Q			
MANIA MALL MA	^ /		

Page 3 of 3

Filing Fee: \$25.00