117000 261 682

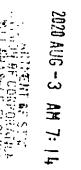
(Requ	uestor's Name)	<u> </u>
(Addi	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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COVER LETTER

Tallahassee, FL 32314

	ion Section of Corporations		
	RIAN'S CONTRACTED SERVI	CES. LLC	
SUBJECT:	Name of L	imited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are s	ubmitted for filing.	
	rrespondence concerning this matt	-	
		RICHARD ADRIAN	
		Name of Person	
	ADRIA	N'S CONTRACTED SERVICES.	LLC
		Firm/Company	
2398 MILES COURT			
		Address	
		LAKELAND, FL 33803	
		City/State and Zip Code	
		SHIVERS@SHIVERSCPA.COM s: (to be used for future annual report n	atification)
For further informa	tion concerning this matter, please	·	ouncation)
RICHARD ADRIA	AN'	863 698-1367	
N	ame of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	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
	ddress: tion Section of Corporations	<u>Street Address:</u> Registration S Division of C	
P.O. Box	=	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ADR	IAN'S CONTRACTED SERVICE	is, LLC 🚉 📮 📆
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Li Florida document numberL17000261682	ability Company were filed on _	DECEMBER-26, 2017 and assigned
This amendment is submitted to amend the following	wing:	**
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres		records, enter the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Fi	orida 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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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, <u>enter the title, name, and address of each person_being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
AMBR	ADRIAN, JACOB	2398 MILES COURT	⊒ Add
		LAKELAND, FL 33803	□Remove
			Change
			□Add
			□ Remove
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		·	□Add
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			Change
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			□Remove

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oren at B		JI JI	ULY 21, 2020	/	
an effective Sote: If the		specific and cannot be prior does not meet the applic	able statutory filing	(optional) re than 90 days after filing.) Purst requirements, this date will n	
record sped is filed.	cifies a delayed effective da	te, but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b) The 90th	day after t
ated	JULY 21	2020			
		11/11	1/		
-	Sigi	natyre of a member or author	orized representative of	of a member	
		RICHARD	AUKIAN		