

L18000006524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 JAN 26 PM 7:30

**SUBJECT:** Field Services LLC  
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

cerning this matter, please call:

Enclosed is a check for the following amount:

- 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 ORGANIZATION OF

Field 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 January 8th, 2018 and assigned  
Florida document number L18000006524.

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)

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**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:

New Registered Office Address:

Enter Florida street address

City, 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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Brian Helm	1425 Alhambra Dr	<input checked="" type="checkbox"/> Add
		Fort Myers, Fl 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Steve Banks	8284 Bartholomew Dr	<input type="checkbox"/> Add
		N. Fort Myers, Fl 33917	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NICHOLAS KARACZUN	627 SE 16TH Ter	<input type="checkbox"/> Add
		Cape Coral, Fl 33990	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: January 22, 2018 (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

Brian M. Helm 1-22-18

Signature of a member or authorized representative of a member

Brian Helm

Typed or printed name of signee