## L1800001003

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18 JAN 17 PH 2: 30

S. WARREN JAN 18 2018

## **COVER LETTER**

SUBJECT				
SUBJECT	•		ited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		YOLY SABILLON		
			Name of Person	
		Name of Person  LA FLORIDA SERVICES LLC  Firm/Company  3831 W VINE ST. SUITE 148  Address  KISSIMMEE, Fl. 34741  City/State and Zip Code YOLY@LAFLORIDASERVICES.COM  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  ILLON  Area Code  1		
			Firm/Company	p Code  p Code  p Tode  978-6560  Daytime Telephone Number  g Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  FREET/COURIER ADDRESS: egistration Section ivision of Corporations
,		3831 W VINE ST. SUITE	148	
			Name of Limited Liability Company  and fee(s) are submitted for filing.  crining this matter to the following:  SABILLON  Name of Person  ORIDA SERVICES LLC  Firm/Company  VINE ST. SUITE 148  Address  MEE, Fl. 34741  City/State and Zip Code  LAFLORIDASERVICES.COM  E-mail address: (to be used for future annual report notification)  is matter, please call:  at (407	
		KISSIMMEE, FL 34741		
	Address  KISSIMMEE, FL 34741  City/State and Zip Code			
		=		(estima)
For further	information co			icatom;
YOLY SA	ABILLON			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ax 6327 ssee, FL 32314	Registration Section	i itions iter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:	ssigned
The Articles of Organization for this Limited Liability Company were filed on 10/25/2017 and as lorida document number L18000010031.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  E. & M STRONGWOOD PRO LLC	ssigned
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:	ssigned
his amendment is submitted to amend the following:  . If amending name, enter the new name of the limited liability company here:	
. If amending name, enter the new name of the limited liability company here:	1
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& M STRONGWOOD PRO LLC	! 
te new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I	L.L.C.
nter new principal offices address, if applicable:	
	<del>- i</del>
Principal office address MUST BE A STREET ADDRESS)	
	<del> -</del>
	1
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our records, enter the name	of the
	of the
gistered agent and/or the new registered office address here:  Name of New Registered Agent:	of the
gistered agent and/or the new registered office address here:	e of the
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	of the
Name of New Registered Agent:  New Registered Office Address:	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being add- or removed from our records:				
MGR = N AMBR = A	lanager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			☐ Remove	
			Change	
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