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SECRETARY OF STATE

## **COVER LETTER**

Div	gistration Sect vision of Corp	orations				
SUBJECT:	M:ke	and son's	Services	o F	TAMPA	BAY LLC
		Name of t	imited Liability Con	npany		
The enclose	d Articles of A	mendment and fee(s) are s	submitted for filing			
Please return	n all correspond	dence concerning this mate	ter to the following	<b>;</b> :		
		NG	OC LA	, <b>/</b> \		
			Name of P			
			Firm/Com			
		7660 40	) YN ST	<u></u>		<del></del>
		PINELLAS			33781	
		NGOCVANLI	City/State and Megmul	Zip Code -CGV		
		E-mail addres	s: (to be used for futu	ire annual repo	ort notification)	
For further i	nformation cor	ncerning this matter, please	e call:			
NC	<del>i</del> OC	LAM	at (7-2	7,83	1 - 8433 Daytime Telephon	
	Name of I	Person	Area (	Code I	Daytime Telephon	e Number
Enclosed is	a check for the	following amount:				
<b>४ \$</b> 25.00 ∣	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified (additional	-	d)	660.00 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

MIKEANDSON'S SERVICES OF TANTPA BAY LLC

(A F	Florida Limited Liability Company)	<u>ir (ecorus.)</u>	
		y 16,2018	and assigned
This amendment is submitted to amend the following	ng:		
The Articles of Organization for this Limited Liability Company were filed on January 16, 2018 and assigned Florida document number			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		18 SE
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	<u> </u>		F STATE
		records, <u>enter tl</u>	he name of the ne
Name of New Registered Agent:		·	
New Registered Office Address:	Enter Florida stree	et address	
		, Florida	
-	City	, FIULIUA	Zip Code
New Registered Agent's Signature, if changing Regi	stered 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

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 Title Address **Type of Action** Name LAM, NGOC 7660 40th ST N MAN Pinellas Park, FL, 33781 - Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_\_ Change □ Add \_□ Remove \_ Change

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