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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Co			
SUBJI		ervices LLC KESUTS Name of Lim	SERVICES LL	
		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	_	
		Kelly Morrow	to the following.	
			Name of Person	
		Results Services LLC		
			Firm/Company	
		10075 Gate Parkway Nor	th Apt 2807	
			Address	
		Jacksonville, Florida 322	16	
		resultschief@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
		oncerning this matter, please ca		
Kelly	Morrow		904 859-1622	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
≘ \$25	5.00 Filing 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)

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

TO **ARTICLES OF ORGANIZATION**

(Name of the Limi	ted Liability Comp: (A Florida Limited	iny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on			and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREET ADDRESS)			20
)
			> 0
Enter new mailing address, if applicable:		N/A	D N
Mailing address MAY BE A POST OFFICE	BOX)		(7) A 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
			75.5
			Γ
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			records, enter the name of the
New Registered Office Address:	N/A		
New Registered Office Address.		Enter Florida stre	eet address
			, Florida
		City	Zip Code

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mgr	Steve Morrow	5802 Bob Bullock Loop C1 Apt 328C-127	-
		Арі 520С-127	Add
			□ Remove
			
			□ Add
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			☐ Change
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			□ Remove
		.	Change
			☐ Remove
		-	□ Change
			□ Add
			□ Remove
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		47 	□ Remove
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 			-	
	July 1, 20	19		
Effective date, if other tha	in the date of filing;		(optional)	
Note: If the date inserted in	ate must be specific and cannot be prior this block does not meet the applie the Department of State's records	cable statutory filing requires	D days after filing.) Pursuant to 605.02 ments, this date will not be listed	207 (3)(b) as the
the record specifies a de) The 90th day after the	layed effective date, but no e record is filed.	ot an effective time, at	12:01 a.m. on the earlier	of:
July 1	2019			
Dated		·		
				
()	Signature of a member or auth	orized representative of a memi	ner .	
7 H C M	\wedge	ormed representative or a memi	76 1	
Kelly G. Morrow	,			
	Typed or print	ed name of signce		

Page 3 of 3

Filing Fee: \$25.00