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(Re	questor's Name)	
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COVER LETTER

TO: Registration Division of C	Section orporations			
SUBJECT:	prdian Commerci Name of Lin	CL Se(VICOS UC) mited Liability Company	•	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
	Trancia K	Name of Person		
	Thoridian Oc	Firm/Company	110	
	1222 SE 47	H Street Suite	CI	22 SEP 12
	Cape Corey	City/State and Zip Code		22 SEP 12 PM 3
		to be used for future annual report not	(ification)	4 3: 34 3: 34 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
For further information (concerning this matter, please c	all:		•
Trancia V Name o	Corsak of Person	at (<u>A39</u>) 600-0 Area Code Daytin	7021 ne Telephone Number	_
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations	

Tallahassee, FL 32303

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

(Name of the Limited Liability Company as (A Florida Limited Liability Company as	es HC	
(A Florida Limited Liabil	ty Company)	
The Articles of Organization for this Limited Liability Company were	7/14/2004	
Florida document number <u>L 18000 1700 73</u> .	and assignment of the state of	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
	_	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	22	
	SE	
Enter non-well	2	E31-
Enter new mailing address, if applicable:		91. 20.
(Mailing address MAY BE A POST OFFICE BOX)	ω	C)
_		
B. If amending the registered		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, <u>enter the name of the new r</u>	egistered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	—
	, Florida	
New Progintered A Ci	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
FMBR	Francia Korsak	1222 SE 47th St, Cape CornETL;	bbA <mark>t</mark>]
			□Remove
			□Change
AMBR	Joseph Korsax 12:	22 SE 47th St, Pape Coral, FL3	33904AAdd
			□Remove
			□Change
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fective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	ecific and cannot be p ses not meet the an	prior to date of filing or m plicable statutory filin ords.	(option ore than 90 days after fi g requirements, this		.020° ed as
ecord specifies a delayed effective date is filed.	but not an effectiv	re time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after	the
	1 . 931	2.			
ted September C					

Filing Fee: \$25.00