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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JORNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

Account Number : 076566002140 Fhone : (727)461-1818 Fax Number : (727)441-9617

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: GNELSON3000 @ GMAIL OOM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNOR PROFESSIONAL VARIETY SERVICES, LLC

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## **COVER LETTER**

TO: Registration Se Division of Cor				
Professiona SUBJECT:	al Variety Services, LLC			
	Name of Li	mited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	adence concerning this matter	r to the following:		
	Lori Ammons			
		Name of Person		
	Johnson Pope			
	Firm/Company 333 Third Avenue North, Suite 200			
		Address		
	St. Petersburg, FL 33701			
	City/State and Zip Code			
	- · · · · ·	to be used for future annual report noti-	fication)	
For further information co	incerning this matter, please c	· all:		
Lori L. Ammons	727 483-5685			
Name of	Person	at ()	c Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Tallohassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H180002461783)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROFESSIONAL VARIETY SERVICE		
(Name of the Limited Li (A Fl	ability Company as it now appears on our reconds Limited Liebility Company)	o(q)')
The Articles of Organization for this Limited Liabili	ty Company were filed on July 20, 2018	and assigned
Florida document number L18000175730		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	10000000000000000000000000000000000000
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "L	LC" or ilicaboreviation "L.L.C."
Enter new principal offices address, if applicable:		200
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:	per e dels leistamentes y administration dels states amongo companyones.	
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our reconderess here:	rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	72.0
. <u> </u>	<del></del>	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

(((H18000246178 3)))

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
MGR	Grodonaff Nelson	2065 SW 37TH ST RD OCALA, FL 34471	
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ffective date, if other than the	date of filing:	(optional)  ng or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)
ion effective date is listed, the date rule lote: If the date inserted in this bl	t be specific and exenct be prior to date of film ock does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.0207 (3)(ity filing requirements, this date will not be listed as the
ocument's effective date on the D	epartment of State's records.	
n special charifies a delayer	- effective data they are as affect	this share as 12:04 and as the section of
The 90th day after the rec		tive time, at 12:01 a.m. on the earlier of:
	2016	
	2018	
ated August 22		
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ated August 22	Signature of a member of aditional ad represen	mustive of a member

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Filing Fee: \$25.00