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DIVISION OF CORPORATION

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SEP 2 0 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 4/18 SERVE Actor Sale LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sylvens Hared Name of Person
- Firm/Company
2832 hitterford Dr Jan Hy
DEER TICK FL 33441. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sylvens Alfred at (786) 487 25 0/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 OF

+1RSt JERKE Jun	to Jale LLC	
(<u>Name of the Limited Liahi</u> (A Florid	ility Company as it now appears on our reco da Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability (Florida document number <u>L/80 00/7</u> -75)	Company were filed on <u>07/24</u>	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>	SER SIDE
Enter new mailing address, if applicable:		AM IO
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		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

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	Sylvens Altred	2832 Waterford or 1	/ <u>/1/4</u>
	/	2832 Waterlord or 1 Decriped A. 33442	□ Remove
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			Add
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te: If the date inserted in the cument's effective date on the			itory tiling requireme	nts, this date will no	i be listed a
record specifies a dela The 90th day after the		, but not an ef	fective time, at 1	2:01 a.m. on the	earlier o
/ . /)	7/3				
ted <u>(19/14-1-70</u>					
ted <u>09/14/.70</u>), 7	And an authorized and	resentative of a member		

Page 3 of 3

Filing Fee: \$25.00