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	Amendment and fee(s) are sub-		
irn all correspo	indence concerning this matter	to the following:	
	Georg	Name of Person	
	ABC	SERUICE PROS	: L(C
	2775 N AIRY	PORT Rd. UNIT 111 Address	FORT MYERS
	FORT M	City/State and Zip Code	3907
	george CID 2 Feedail address: ()	Egmail, Com to be med for future annual report notif	ication)
r information c	oncerning this matter, please co	all:	
, 1 <u>E0R9E</u> Xame o	CoSTE 1/6 f Person	at (23 5) 8/0 - 7 Area Code Daytimo	1/0 9 Telephone Number
s a check for th	ne following amount:		
) Filing Fee	S30.00 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)
	ING ADDRESS: ration Section	STREET/COURT Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO

eles of Organization for this Limited Liability Company were filed on _______________________________ and assigned

ARTICLES OF ORGANIZATION OF	To the second
ABC SERVICE PROS LLC (Name of the Limited Liability Company as it now appears on our records.)	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	

ocument number <u>L | 8000 | 82 | 45</u> ndment is submitted to amend the following: ending name, enter the new name of the limited liability company here: me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." w principal offices address, if applicable: l office address MUST BE A STREET ADDRESS) v mailing address, if applicable: uddress MAY BE A POST OFFICE BOX) lending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: lame of New Registered Agent: lew Registered Office Address: Enter Florida street address Citv

ered Agent's Signature, if changing Registered Agent:

cept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the of all statutes relative to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is to merely reflect a change in the registered office address. I hereby confirm that the limited liability as been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<u>ved from our records:</u>

Manager

- Authorized Member

Name	Address	<u>Type of Action</u>
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the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed
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