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2019 NCT 23 PH 2: 59

COVER LETTER

TO		stration Sect sion of Corpe		, t	•
6111		WILLBERG	SERVICES, LLC		
SUI	вјест: ј		Name of Limi	ted Liability Company	
The	enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Plea	ise return	all correspond	dence concerning this matter t	o the following:	
			KRISTINA KIHLBERG		tification) The Telephone Number S60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
			· · · · · · · · · · · · · · · · · · ·	Name of Person	
			WILLBERG SERVICES, L		
Firm/Company					
			2202 S. CYPRESS BEND	• •	
			•	Address	
			POMPANO BEACH, FL 3		
			kristina@willbergservices.co	City/State and Zip Code	
			E-mail address: (to	o be used for future annual report not	ification)
For	further in	formation cor	ncerning this matter, please ca	II:	
KR	ISTINA K	UHLBERG		954 270-7072	
		Name of F	Person	at () Area Code Daytin	ne Telephone Number
Enc	losed is a	check for the	following amount:		
	\$ 25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

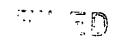
MAILING ADDRESS:

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



2019 OCT 23 PH 2: 59

WILLBERG SERVICES, LLC		2012 021 50 111 5.33
(<u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000201959	Company were filed on AUGUST 23, 2018	and assigned
WILLBERG SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on AUGUST 23, 2018 and assigned da document number L18000201959 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." In the principal offices address, if applicable: Initial office address MUST BE A STREET ADDRESS) If amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
	, ,	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Flori	da
	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
AP	ANTHONY P. WILLARD	2202 S. CYPRESS BEND DRIVE #305	□ Add
		POMPANO BEACH, FL 33069	
			Remove
			☐ Change
MGRM	ANTHONY P. WILLARD	2202 S. CYPRESS BEND DRIVE #305	■ Add
		POMPANO BEACH, FL 33069	- /\do
		<u> </u>	☐ Remove
			Change
AP	KRISTINA KIHLBERG	2202 S. CYPRESS BEND DRIVE #305	☐ Add
		POMPANO BEACH, FL 33069	
			■ Remove
		<u></u>	☐ Change
MGRM	KRISTINA KIHLBERG	2202 S. CYPRESS BEND DRIVE #305	□ Add
		POMPANO BEACH, FL 33069	
			□ Remove
			Change
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an effe <u>ote:</u>	we date, if other than the date of filing: extive date is listed, the date must be specific and call the date inserted in this block does not mee ent's effective date on the Department of State	t the applicable statutor		
The	ord specifies a delayed effective dat 90th day after the record is filed.	e, but not an effect	tive time, at 12:01 a.m. on the	e earlier of
ited _	October 21	2019		

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Typed or printed name of signee

Filing Fee: \$25.00