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SEUNCHARY OF STATE
(VISINE OF ODECODATION)

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COVER LETTER

Division of Co	rporations				
A&B SER	VICES OF SARASOTA, LLC				
SUBJECT:	Name of Lim				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing			
		<u>-</u>			
riease return an correspo	ondence concerning this matter	to the following.			
	ERIK ARROYO				
ı		Name of Person			
	BAND, GATES & DRAM	IIS, P.L			
		Firm/Company			
	2070 RINGLING BLVD				
	_	Address			
	SARASOTA, FL 34239				
	-	City/State and Zip Code		20	
	EARROYO@BANDGATF			<u>~</u>	i
	E-mail address: (to be used for future annual report notif	ication)	20 AFR -	유기- -
For further information of	concerning this matter, please c	alf:			실목
ERIK ARROYO		941 3668010 at ()		AHIO: 03	- 경우(- 유유(
Name o	of Person		Telephone Number	: 03	STAIL ORATIONS
Enclosed is a check for t	he following amount:				Ü.
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of \$ta Certified Copy (additional copy is er	tus &	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now annears on our records.)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
Florida document number L18000205021
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here:
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
· · · · · · · · · · · · · · · · · · ·
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 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 i

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>	Name	Address	Type of Action
MGR	SAMANTHA SOLDI	6841 ROXBURY DR	
		SARASOTA, FL 34231	□Remove
MGR	DOMINIC SOLDI	2735 GROVE PL	□Add
		SARASOTA, FL 34239	Remove
			□ Change
			□Add
			□Remove
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an effective date <u>ote:</u> If the dat	is listed, the di e inserted in	an the date of ate must be speci this block does the Departmen	fic and can not meet	the applica	to date of fili able statutor	ng or more the	n 90 days aft	t ional) er filing.) Pur is date will	rsuant to 605.02 not be listed
record specific is filed.		effective date, b	ut not an o	effective ti	me, at 12:01	a.m. on the	earlier of: ((b) The 90	th day after th
	<u> </u>	1/2020		11					
ated		101	AL.						
ated	-14		e of a mem	her or autho	rized represe	ntative of a n	ember		

Filing Fee: \$25.00