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COVER LETTER

Stania Collins Name of Person Firm/Company 4474 Weston Road #121 Address Davie, Fl 33331 City/State and Zip Code staniacollins@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:
Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Stania Collins Name of Person Firm/Company 4474 Weston Road #121 Address Davie, Fl 33331 City/State and Zip Code staniacollins@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: tania Collins 770 899-0931
Name of Person Firm/Company 4474 Weston Road #121 Address Davic, FI 33331 City/State and Zip Code staniacollins@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:
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Stania Collins Stania Collins To 899 0931
For further information concerning this matter, please call:
For further information concerning this matter, please call:
Stania Collins 770 899-0931 at (
Name of Person Area Code Daytime Telephone Number "O
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

Serving You Services, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)
ne Articles of Organization for this Limited Liability Company orida document number L18000213496	were filed on September	7th, 2018 and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ania Collins, LLC		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	4474 Weston Road #121	
rincipal office address MUST BE A STREET ADDRESS)	Davie, Fl 33331	
stor nove mailing address if applicables	4474 Weston Road #121	
Inter new mailing address, if applicable:	Davie, FI 33331	
failing address MAY BE A POST OFFICE BOX)		
Initial Action Action 1995 In the Initial Action 1995 Initial Acti		cords, enter the name of the
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here	ffice address on our re	cords, <u>enter the name of the</u>
If amending the registered agent and/or registered of	ffice address on our re	cords, <u>enter the name of the</u>
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here	ffice address on our re	
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our re e: Enter Florida street	

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 = A	MBR = Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			D Add
			Remove
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ective date, if other than the d	ste of filing: (ontional)	
effective date is listed, the date must b	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursi	uant to 605.0207
te: If the date inserted in this bloc nument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will neartment of State's records	ot be listed as
and the control of the pop	Alment of Blace 3 feedings.	
record specifies a delayed a	effective date, but not an effective time, at 12:01 a.m. on the	na andiar at
he 90th day after the recor	rd is filed.	ie earlier oi
ed	2019	
	$\overline{\mathcal{A}_{1}}$, $\overline{\mathcal{A}_{2}}$.	
	Stanid Osllan	
	ignature of a member or authorized representative of a member	
Stania Collins		
Madia Colling		

Page 3 of 3

Filing Fee: \$25.00

Sophie's send off packy.	Drinks
Food	lemonade
Pice	water
potette Salad	ice
pasta Salad	Soda
pasta Salad orange lection (salt, line, Sour, cloves)	Cocktoil
Sausage (buns)	
Chackka	
	Decor
Grilled veggies	Balloon arch
7 Kliz Kale Salad	blue burnle blittor
Arilled Fish	blue/purple/glitterstring_ribbon_paper
grilled Fish_	Howers.
pain patate	paper lanterns
Cobbler	
Rum Sauce	
haitian cake (naked)	Entertainment
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