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COVER LETTER

TO: Registration Sect Division of Corpo		•	
SUBJECT:	B Service S	Set Orlando ted Liability Company	LLC
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Mar	Name of Person	·
		Name of Person	
	· -	Firm/Company	· · · · ·
<i></i>	2392 6	reat Harbor Address	Dc
	Kissimme buffe	City/State and Zip Code 2008 - 2	46 mail.com
For further information con	cerning this matter, please ca	·	anon
Marie of P	Person P	at (<u>407</u>) <u>(092 –</u> Area Code Daytime T	5553 Celephone Number
Enclosed is a check for the	following amount:		
\$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 Status & 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MB Services (Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears on or bility Company)	LC ur records.)	
The Articles of Organization for this Limited Liab		ere filed on	-15-201	g and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liab <u>ili</u>	ty company here:		భే
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designate	tion "LLC" or the abb	reviation: "L.L.C."
Enter new principal offices address, if applicab	de:			:5 :
(Principal office address MUST BE A STREET.	ADDRESS)			
	•			û.
				5
Inter new mailing address, if applicable:				*
Mailing address MAY BE A POST OFFICE BO	<u> 2X)</u> .			
If amending the registered agent and/or gistered agent and/or the new registered office Name of New Registered Agent:		ce address on our	records, enter t	he name of the new
				
New Registered Office Address:		Enter Florida str	eet address , Florida	
		City	, r iortua	Zip Code

Registered Agent's Signature, if changing Registered Agent:

2by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and t the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability my 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
Mar	Marlon Tyrel	2392 Great Harbor Dr Kissimmie , Fl 34744	Add
		KISSIMMER, FL 34746	<u> </u>
^ -	11 1 1	2 1 1	Change
<u>AMB</u> R	Marton lyrel	2392 Corect Narbor Dr	/O JAdd
	•	2392 Coreaf Harbor Dr Kissimmee, FL 3474	€ □ Remove
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.02
document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effection. The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier
Dated 11/28/18 MARION WRITE Signature of a member or authorized represent 1/48/01 Typed or printed name of sign	
Marlan IIIROV	
Signature of a member or authorized represent	ative of a member

Page 3 of 3

Filing Fee: \$25.00