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## **COVER LETTER**

TO: Registration So Division of Cor			
REGIS SE	RVICES LLC		
30BJEC1:	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	TULLIO REGIS FREITA	S	
		Name of Person	<del></del>
	REGIS SERVICES LLC		
		Firm/Company	<del></del>
	9348 EDEN DR		
	-	Address	<del></del>
	TAMPA FL 33610		
	TULLIOREGIS@GMAIL.	City/State and Zip Code	
		to be used for future annual report notifie	cation)
For further information e	oncerning this matter, please co	all;	
TULLIO REGIS FREIT.	AS	305 5707225 at ()	
Name o	(Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	LJ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	LI \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	ion

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

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

REGIS SERVICES LLC (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 10/23/2018 and assigned Florida document number  $\underline{L18000248866}$ 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 "LLC." 9348 EDEN DR Enter new principal offices address, if applicable: TAMPA FL 33610 (Principal office address MUST BE A STREET ADDRESS) 9348 EDEN DR Enter new mailing address, if applicable: TAMPA FL 33610 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: 9348 EDEN DR New Registered Office Address: Emer Florida street address

## 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.

City

TAMPA

. Florida 33610

Zin Codec-3

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

Title	<u>Name</u>	Address	Type of Action
AMBR	TULLIO REGIS FREITES	9348 EDEN DR	ZAdd
		TAMPA FL 33610	
			TChange
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		TAMPA FI. 33615	<b>■</b> Remove
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Filing Fee: \$25.00