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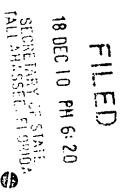
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: AMERICAN Roos	TALL SPECIALISTS Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
STEPH	Name of Person	+
0000	Firm/Company	
	Hwy Z Address	
BONIFACY	FL 32425 City/State and Zip Code	
	LATES D'S Q GUALO C ss: (to be used for future annual report notifi	DM
For further information concerning this matter, pleas		
Name of Person	at ( <u>\$50</u> ) <u>[628]</u> Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Sand Sand Status  Sand Sand Status	S55.00 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/COURIE Registration Section Division of Corpora Clitton Building 2661 Executive Cer	ntions

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEZICAN LOOF	14	SPECI	44.513	5	LLC	_	
( <u>Name of the Limited Liabilit</u> (A Florida	ity Company a Limited Lia	as it now appea bility Company)	irs on our rec	ords.)		_	
The Articles of Organization for this Limited Liability C Florida document numberLJRODD216925		ere filed on	NOV	19, 21	<u>18</u> and	l assigr	ned
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limi	ited liabili	ty company h	ere:				
The new name must be distinguishable and contain the words "Limi	nited Liability	Company," the	designation "L	LC" or the	abbreviation	n "L.L.C	
Enter new principal offices address, if applicable:						<u></u> <del>2</del>	
(Principal office address MUST BE A STREET ADDR	RESS)					030	77
				. <del>.</del>	SSI		
			-		1745 1745	 	ודי
Enter new mailing address, if applicable:						⊃±	J
(Mailing address MAY BE A POST OFFICE BOX)			-		[基]	2	
	•			(	7.D	-⇒	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ee address o	n our reco	rds, <u>ente</u>	r the nai	me <u>of</u>	the nev
Name of New Registered Agent:							
New Registered Office Address:							
		Enter Flo	rida street ada	tress			
			_	Florida			
		City		_	Zip Ce	ode	

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

Title Name Type of Action SCOTT GILLORE 73601 Elba Rd RAD Coffee Springs, A1 36318 - Remove \_□ Change MGR MAURICE JENKINS 315E, Riverside AVE DANG GENEVA, BL 36340 Remove ☐ Change □ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove \_□ Change

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Filing Fee: \$25.00