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## **COVER LETTER**

	egistration Se ivision of Cor			
SUBJECT	LSC Servic	es, LLC		
SOLULET	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspo	ndence concerning this matter	to the following:	
		David S. Christian		
			Name of Person	
		LSC Services, LLC		
			Firm/Company	
		11623 Old Bicycle Road		
			Address	
		Panama City, FL. 32404		
		<del></del>	City/State and Zip Code	
		dscottchristian@yahoo.com	ı	
		E-mail address: (	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
David S. C	Christian		850 819-5722	
	Name of	f Person	at ()	: Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00		□ \$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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LSC Services, LLC

2019 JAN 17 PM 2: 33

(Name of the Limited	Liability Company as it now app	ears on our records:)	L. IF STATE
	Liability Company as it now app Florida Limited Liability Compan		ASSEE, FL
The Articles of Organization for this Limited Liab	ility Company were filed on	January 09, 2019	and assigned
Florida document number L19000010917	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, <u>enter the new name of th</u>	ne limited liability company	here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," th	e designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET	ADDRESS)		
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Mailing address MAY BE A POST OFFICE BO	registered office address		
Mailing address MAY BE A POST OFFICE BO	registered office address		
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address		
Mailing address MAY BE A POST OFFICE BO	registered office address		
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address e address here:	on our records, <u>en</u>	
	registered office address e address here:		ter the name of the

New Registered Agent's Signature, it 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lavinia L Christian	11623 Old Bicycle Road Panama City, FL. 32404	Add
			■ Remove
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ffecti	e date, if other than the date of filing: (optional)
an eff lote:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
	ard specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier coord is filed.
ated	JANUARY 14 . 2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00