119000030465

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	ne)
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JUL 15 2019 M. SOLOMON



May 15, 2019

MARCELLO HARDWICK 6220 N 44TH ST TAMPA, FL 33610

SUBJECT: 4 OR 5 SERVICES LLC Ref. Number: L19000030465

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 319A00009799

RECEIVED
JUL 1 5 2019

COVER LETTER

TO: Registration Se Division of Cor	porations		
OLD INCOM	Hor5 Serv	ices LLC	
SUBJECT:		ited Liability Company	
The anchored Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspo	ndence concerning this matter	to the following:	
	Marcel	Name of Person 5 Services 11C. Firm/Company	
	4/0R	Name of Person	
		Firm/Company	
	6220	Wth 44th 5t	
		Address	
		Sla 33610 City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
plarado.	Herdi'h	a 813 (019-14)	89
Name o	f Person	at (<u>\$13</u>) <u>(619-14)</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears in our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Sanuary 29, 2017 and assigned Florida document number L/100030465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 45 Services LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) (Principal office address MUST BE A STREET ADDRESS) (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: New Registered Office Address: (HOS MH 45th St.) Enter Florida Street address Later Florida Street address Later Florida Street address Florida 3800 Zip Code	4 OR 5	Services	160.				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ### Services ### Company here: ### Services ### Company here: ### This amending name, enter the new name of the limited liability company here: ### Services ### Company here: ### This amending name, enter the new name of the limited liability company here: ### Services ### Company here: ### This amending name, enter the new name of the limited liability company here: ### Services ### Company here: ### This amending of the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" ### Enter new principal offices address, if applicable: ### Principal office address MUST BE A STREET ADDRESS) ### Enter new mailing address MUST BE A STREET ADDRESS) ### Enter new mailing address, if applicable: #### ### ### ### ### ### ### ### ###	(Name of the Limited (A	Liability Company as it Florida Limited Liability	now appears on our Company)	records.)			
A. If amending name, enter the new name of the limited liability company here: ### Services LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: ### (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: ### (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:	The Articles of Organization for this Limited Liab Florida document number <u>LJ900030465</u>	pility Company were f	iled on <u>Janu</u>	ry 29,2	<u>019</u> and ass	igned	
## Services L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal office address, if applicable: ### Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: ### Principal office address MAY BE A POST OFFICE BOX) ### Principal office address MAY BE A POST OFFICE BOX) #### Principal 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:	This amendment is submitted to amend the follow	ving:					
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Octavious Grooms New Registered Office Address: Enter Florida street address Enter Florida street address	45 Services 110				New York and the	1.63	
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City Zip Code	registered agent and/or the new registered offi Name of New Registered Agent:	ce address here:	5 Groops 1 45 ^{4h} 54 Enter Florida stree	t address		of the	
		TANPA	ψ,	, Florida	Zip Code		_

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m. on the	earlier c
Dated 7-11-19		
March M. M.		
Signature of a member or authorized representative of a me	mper	

Page 3 of 3

Filing Fee: \$25.00