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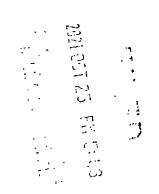
(Requestor's Name)	
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	ZEP Servi	ces, LLC		e .		
SUBJEC'	r:	Name of Lin	nited Liability Company			•
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter	_			
		Jeremy R Hauff				
			Name of Person			
		ZEP Services, LLC.				
		<u> </u>	Firm/Company			
		143 Garden Avenue				
			Address			
		Groveland, Florida 34736				
		contact@hauffcompany.cor	City/State and Zip Code	;		
		-	to be used for future annua	l report notification)		
For further	r information c	concerning this matter, please c	all:			144 143 143 143 143
Jeremy Ha	uti		352 55 at ()	57-4132		121.00T 25
	Name o	of Person	Area Code	Daytime Teleph	one Number	:
Enclosed i	s a check for th	he following amount:				
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		Certified C	ng Fee, of Status &
	lailing Addres		<u>Street A</u> Registr	address: ration Section		
	livision of C			on at Composition		

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEP 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 02/04/2019 _____ and assigned Florida document number $\frac{119000035089}{}$ 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." 143 Garden Avenue Enter new principal offices address, if applicable: Groveland, Florida 34736 (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: Jeremy Hauff Name of New Registered Agent: 143 Garden Avenue New Registered Office Address: Enter 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.

Cirv

Groveland

If Changing Registered Agent, Signature of New Registered Agent

____, Florida 34736 Zip Code 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
MGR	Jeremy Hautf	143 Garden Avenue	≣ Add
		Groveland, Florida 34736	-
			□Change
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