L19000060047

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FI ORIGINA

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COVER LETTER

	Registration Sec Division of Corp			
cun iec		asonal Services LLC		
SUBJEC	1:	Name of Limi	ited Liability Company	<u></u>
		Amendment and fee(s) are substance concerning this matter to	-	
riease rei	um an correspor	Christopher Alan Schmitz	to the following.	
		Schmitz Seasonal Services	Name of Person	
		31984 Geoff Way	Firm/Company	
		Sorrento, FL 32776	Address	
-		c.alan.schmitz@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi-	cation)
For furthe	er information co	ncerning this matter, please ca	all:	
Christopher Alan Schmitz			321 355-2531 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0 OK	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 Compa (A Florida Limited	any as it now appears on our records	<u>i.</u>)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/01/2019	and assigned
lorida document number L19000060047		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		1922
Mailing address MAY BE A POST OFFICE BOX		200 8
		FE S
		32
3. If amending the registered agent and/or registered of		, enter the name of th
egistered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	orida
	City	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>	<u>Address</u>	Type of Action
	Christopher David Bilbro	31927 Geoff Way	
MGR			
		Sorrento, FL 32776	
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i an effec <u>Note:</u> If	re date, if other than the date of filing etive date is listed, the date must be specific and f the date inserted in this block does not m nt's effective date on the Department of S	I cannot be prior to do neet the applicable	ate of filing or more	(optional) than 90 days after filing, quirements, this date) Pursuant to 605,0207 (, will not be listed as th
	ord specifies a delayed effective d 90th day after the record is filed.		n effective tim	e, at 12:01 a.m.	on the earlier of:
Dated	7/3/	2019			
	Signaturoffa	member or authorize	d representative of	member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

LLC Membership Interest Assignment

State of Florida

This assignment ("Assignment") is made by and between the following parties: Christopher David Bilbro, hereinafter known as "Assignor," having an address at the following: 31927 Geoff Way, Sorrento, FL 32776

and Christopher Alan Schmitz, hereinafter known as "Assignee," having an address at the following: 31984 Geoff Way, Sorrento, FL 32776

Assignor, an individual, hereby assigns, transfers, and conveys all of Assignor's right, title and interest in and to all of Assignor's membership interests in Schmitz Seasonal Services LLC, a Florida Limited Liability Company, hereinafter known as the "LLC," to Assignee, an individual. Such membership interest amounts to the following percentage ownership: 50% (fifty percent) membership interest, along with voting rights in the LLC, and this Assignment shall leave Assignor with no interest in the LLC. Assignee hereby accepts this Assignment.

This assignment is effective as of July 31st, 2019 and is made for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged.

Assignor hereby represents and warrants and that Assignor has good title to the membership interest conveyed herein and that Assignor has no limitations on making such assignment, such as any security interest, lien, or encumbrance.

Assignor further represents and warrants that it will take any steps to perfect Assignee's receipt of the membership interest in the LLC as required.

This assignment shall be valid and binding upon all of Assignor and Assignees successors, transferees, heirs, and assigns.

EXECUTION:

IN WITNESS WHEREOF, Assignor and Assignee have caused this Assignment to be executed on the following date: July 29th, 2019.

Assignor: Christopher David Bilbro

Assignee: Christopher Alan Schmitz

Signatures

Signatura