LIGOUO GILOLOT

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S. YOUNG

COVER LETTER

| ГО: | O: Registration Section Division of Corporations UBJECT: Name of Limited Liability Company | | | |
|---------------|--|---|---|--|
| 2110 11 | iServ, LLC | | | |
| SUBJE | <u> </u> | Name of Limi | ted Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please | return all correspo | ndence concerning this matter t | to the following: | |
| | | Paul Ayoub | | |
| | | | | ··· |
| | | Heritage Management Corp |). | |
| | | PO Box 2495 | Firm/Company | |
| | | Ocala, FL 34478 | Address | |
| | | paul@heritagemanagement.i | | |
| | | E-mail address: (t | o be used for future annual report notifi | cation) |
| For fur | ther information c | oncerning this matter, please ca | 11: | |
| Paul A | youb | | 352 482-0777 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclos | ed is a check for th | ne following amount: | | |
| □ \$2: | 5.00 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:

TO:

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

| iServ, LLC | | |
|--|--|--------------------------------|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our record liability Company) | <u>s.</u>) |
| he Articles of Organization for this Limited Liability Company | were filed on 3/4/19 | and assigned |
| lorida document number L19000061667 | | |
| his amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited liabi | lity company here: | |
| he new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC | " or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | 18 |
| nter new mailing address, if applicable: | | 111 |
| Mailing address MAY BE A POST OFFICE BOX) | | - C - v |
| | | <u> </u> |
| | | ÷ 0 |
| If amending the registered agent and/or registered of egistered agent and/or the new registered office address here | | s, enter the name of the |
| egistered agent and/or the new registered office address here | ! | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | 'N |
| | , 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> | Address | Type of Action |
|--------------|------------------|--------------------------------|----------------|
| MGR | Brandon K. Dixon | PO Box 2495 Ocala, FL 34478 | |
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| effective e: If the | te, if other than the date of filing: | 05.02 sted : |
| record : he 90th | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl day after the record is filed. | lier |
| Mar ed | h 13 2019 | |
| | MM | |
| | Signatura of a matcher or nuchorised range contains of a manhar | |
| | Signature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00