L19000068721

(Requestor's Name)
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(0) (0) (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. GOLDEN APR -2 2019

COVER LETTER

SUBJECT:	Bobby Kell	y Services, LLC						
Name of Limited Liability Company								
The enclosed	l Articles of	Amendment and fee(s) are subi	mitted for filing.					
Please return	all correspo	ndence concerning this matter t	to the following:					
		D. Pearson Beardsley						
		Beardsley, P.C.	Name of Person					
		200 Galleria Parkway, SE,	Firm/Company Suite 1805					
		Atlanta, Georgia	Address					
		pbeardsley@dpblegal.com	City/State and Zip Code					
For further ir	iformation co	E-mail address: (woncerning this matter, please ca	o be used for future annual report no ll:	tification)				
D. Pearson E	Beardsley		404 558-7646					
· -	Name of	Person	at ()	me Telephone Number				
Enclosed is a	check for th	e following amount:						
■ \$25.00 F	iling 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

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

2019 HAR 22 PM 6: 41 Bobby Kelly 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 March 11, 2019 and assigned Florida document number L19000068721 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 "L.L.C." 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: 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.

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
AMBR	Robert F. Kelley	6900 10th Avenue North	
		St. Petersburg, FL 33710	□ Add
			■ Remove
			☐ Change
AMBR	Robert F. Kelly	6900 10th Avenue North	
	-	St. Petersburg, FL 33710	Add
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e: If the date inserted in this	block does not meet the	e applicable statu	tory filing require	ments, this date will	not be listed as
ument's effective date on the	Department of State's i	records.			
record specifies a dela-	ved effective date, I	but not an eff	ective time, at	12:01 a.m. on 1	he earlier o
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March 21	2019)			
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Typed or printed name of signee

Filing Fee: \$25.00