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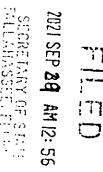
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

ABSOLUT	TELY DIVERSIFIED SERVICE	ES L.L.C.	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
	1.	Firm/Company .	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	tnaszkiewicz@gmail.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	ill:	
Cheyenne Moseley		800 773-0888 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

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

FILED

2021 SEP 29 AM 12: 56

ABSOLUTELY DIVERSIFIED SERVICES L.L.C.

ON SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE, The state (A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	*	vere filed on $\frac{03/12/20}{}$	119	and assigned
Florida document number L19000069452				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	y Company," the designat	ion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if application	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)			records enter	
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter	the name of the new
Name of New Registered Agent:		nne Nas		
New Registered Office Address:		Bosa Rak Enter Florida stre	et address	
	Ronto	Gorda City	, Florida	33950) 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.

15 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
AMBR	Roslynne Naszkiewicz	1708 BOCA RATON CT. PUNTA GORDA. FL 33950	
		,	☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
		□ Add	
		□ Remove	
			Change
			Remove
			Change

	,,
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	September 27th 2021  Truy S. Mens 1
	- () () ( <del> </del>   \

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00