1900097829

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Free Amondment.

Office Use Only



300329982103

7819 J. ... 14 PH 1: 12

19 JUN -6 AM II: L

SELECTARY OF 3 141E HVISION OF CORPORATIONS

	FAXEH PUBLIC FAX SERVICE	Fron:	Ia:		Page 1
06/05/2019 14:08	_		_	F	PAGE 01
ATTEN	TION: KE	VNA f	AGE		
•	, ,	COVER LET	TER		
TO: Registration Division of C					
SURJECT: A	PAISTRALL	SERVIO			r.11
0000E1	RMS TRONG Name of Lin	nited Liability Company	es (WK	DalGtu]	tiling
			•	•	
The enclosed Articles of	of Amondment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	,	<i>A</i> .			
	GEORGE	ARMS	TIZONG		
		-			
	- AZIUSTIZ	ONG SE	PRVICES		
		· une company	(
	748 He	NEMAN	54		
	,	Address			
	Daytonin	Bch.	F! 32	114	
					•
	nia:l address: (to	be used for future annual	15 (A) GMA al report motification)	<u>1.</u> COM	
For further information:	concerning this matter, please cal				
(45070)	96 ARIVISTRON	·			
Name of	of Person	at (<u>386</u>) Area Code	SU6-273		
		Area Code	Daytime Telephone Nu	mber	
Enclosed is a check for the	he following amount: FR6	~ 1	7. (6.30		-/
□ \$25.00 Filing Fee	☐ \$30.90 Filing Fee &	·	•	con/gful	Filing
	Certificate of Status	☐ S55.00 Filing Fee Certified Copy	Cert	0 Filing Fee, ificate of Status &	\sim
		(additional copy is en	closed) Certi	ified Copy tional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporation: P.O. Box 6327

Tallahassee, FL 37114

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

50167611-2 BH 5: 16

06/05/2019 14:08 0238

06-05-2019

PAGE 02

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

- ARMSTRONG SERVICES			
(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) and	assion	രല്
Florida document number 119800097829	aiki	നാദ്രി	eu
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			
and the designation "LLC" or the	abbreviation	L.L.C.	
Enter new principal offices address, it applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	3	19	
Enter new mailing address, if applicable:	25 m	Ţ	Ġ,
(Mailing address MAY BE A POST OFFICE BOX)	- <u> </u>		
	- <u>12(-)</u>	<u></u>	
		=	- 0 7
B. If amending the registere i agent and/or registered office address on our records, enter	r the≏nam∉		
registered agent and/or the new registered office address here:	THE PARTY OF	ω ω	Z.
Name of New Registerer, Agent:			
New Registered Office Address:			
Enter Florida street address	-		
Florida Florida			
City	Zip Code		
New Registered Agent's Sign star : If changing Registered Agent:			

I hereby accept the appointmen: 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 pos tion 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

Fron

To:

Page 3

105/05/2019 14:08

0230

.

PAGE 03

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

Title	<u>Name</u>		Address	Type of Action
				D-Add
			-	C Remove
				Change
	ľ	, T		[] A ād
				Remove
				Change
				□ Remove
			•.	□ Change
				≥ 15
				AHASSEE, FEEL FEEL
				PE CHE SE
 -				PLI Ade
				□ Remove
				Change
			·	□ Remove
				☐ Change

5-05-2019	- 02:06 PM	FAXAN PUBLIC FAX SERVICE	From:	To:	Page	ų
06/05	/2019 14:0	08 0230			PAGE	04
D. 18	f amending an	ly other information, enter cha	muele) born (tu)	additional sheets, if necessary:)		
		, 5=35, 411	Angels) here: [Angen	additional sheets, if necessary.)		
						
			· .			
						
						
						
_						
(42 44) 0	~1554VC USITE 15 116	ther than the date of filing:		Dtional)		
Note docu	If the date ins	serted in this block does not meet the	or he prior to date of filing one applicable statutory f	ptional) or more than 90 days after tiling.) Pursu illing requirements, this date with ne	ant to 605,0207 (3)(
	Short 2 CiteCity	e date on the Department of State's	records,	o symmetries and date paper	or or listed as t	he
If the re	ecord specific	es a delayed effective date	have and	Į	ر و	
(b) The	e 90th day a	iter the resorce is filed.	out not an effectiv	e time, at 12:01 a.m. on th	e earli se of:	χ, O
				ນ ກິ	22 o h	1
Dated	1_341	VE 9-2019	•	<u> </u>		
	(I)	enal /	1	ך (ק		Α
		Signature of a member	or authorized ropresentati	ve of a member	<u>τ</u> το	C) 1 2:
	(2)	/		member		
		DRGY HAMS	7 ZONG			

Page 3 of 3

Filing Fee: \$25.00