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| (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: |
| Filing for waited lue to ellor |
| or port of this office, filed |
| Without Suffix |
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| 7-8-19 |

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

T. BURCH

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: | Che VI | mt Services | <u>-</u> |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are subn | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | o the following: | |
| | | Connier Ace | <u>() </u> |
| | £114 | Same of Person | |
| | | N Hampton Address | (out- |
| | Scheri | MFOYOF E City/State and Zip Code MFOY CN/YESP | 32714 gamail com: |
| | E-mail address: (t | o be used for future annual report notif | icatión) |
| | concerning this matter, please ca | dl: at () | Eclephone 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 P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

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

ompany as it now appears on our records.) I. 1. 1. 1. 1. 1

| The Articles of Organization for this Limited Liability | Company were filed on, | and assigned |
|---|------------------------|---|
| Florida document number | 1954 | |
| This amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the li | It Service: | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> | ame. |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or re- registered agent and/or the new registered office a | | records, <u>enter the name of the n</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stre | et address |
| | | , Florida |
| | Cay | 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 acor removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | |
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| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date | j Pursuant will not b | to 605,0 e listed | 207 (3) as the |
| document's effective date on the Department of State S records If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. | | | |
| (b) The 90th day after the record is filed. | | | |
| Dated | | | |
| Typed or printed name of signee | | | |

D.

Page 3 of 3

Filing Fee: \$25.00