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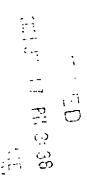
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## **COVER LETTER**

Division of Corpo		
SUBJECT: AM	IES Services LLC	
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ndence concerning this matter to the following:	
	Roxanne Richmond	
	AMES Services LLC Firm/Company	
	POBOX 121 Address	
	Auburndale, FL 33823 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information con	oncerning this matter, please call:	
Roxane R	Richmond at (8103) 877-101010 Person Area Code Daytime Telephone Number	-
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIMES Servi	ces LLC
(Name of the Limited Liability Cor	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/9000/(c/c/505</u>	01/2=/2010
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-n/A
(Principal office address MUST BE A STREET ADDRESS	1
	AMES Services LLC POBOX 121 Auburndale, FL 33823  The second of the new registered and the
agent and/or the new registered office address here:	
Name of New Registered Agent:  New Registered Office Address:	Oxanne Richmond  2 Old Dixie Hwy  Enter Florida street address
_Hub	Vicada le Florida 33823 Zip Code
	Sup Come

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
MGR_	Roxanne Richmond	442 Old Dixie Hwy, Auburndale, FL 33823	Add
		Tradianally 12 33000	□Remove
			□Change
			□Remove
			□ Change
			□Add
			ElRemove
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			<b>□V</b> gq ⇔
			□Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if need	cessary.)
This LC is to be equally mano	igld by
Jenny Ames, MGR and Roxanne Riv	chmond.
	1
	horard
with this new paperwork.	<del></del>
<b>,</b> , , , , , , , , , , , , , , , , , ,	
	<del></del>
	·
Effective date, if other than the date of filing:	t <b>ional)</b> er filing ) Pursuant to 605 0207 <i>C</i>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	nis date will not be listed as the
document's effective date on the Department of State's records.	
	AN The part day of and
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ( d is filed.	
	1867 P. S. C.
Dated Qune 4, 2021,	
	سر ساست
Clenny Ames	2 )
Signature of a member or authorized representative of a member	ું.
1 Tana Amac	. S
Typed or printed name of signee	