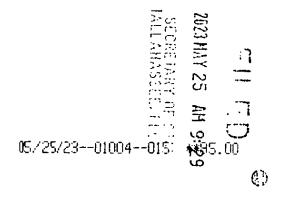
L19000215783

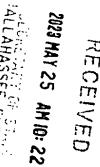
(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	MAY 2 6 2023

Office Use Only



500407603115





CORPORATE When you need ACCESS to the world ACCESS, _____

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			\mathbf{W}_{A}	ALK IN		
		PICK	UP:	Cat 5/25		
		CERTIFIED COPY PHOTOCOPY				
	XX	CUS				
	XX	FILING	LLC A	MEND		
i.		THE COMPANIES OF		SERVICES, LLC	· · · · · · · · · · · · · · · · · · ·	
2.		(CORPORATE NAME AND DOCUM	IENT #)			
		(CORPORATE NAME AND DOCUM	IENT #)			
3.		(CORPORATE NAME AND DOCUM	1ENT #)			
4.		(CORPORATE NAME AND DOCUM	IENT #)			
5.		(CORPORATE NAME AND DOCUM	IENT #)			
6.		(CORPORATE NAME AND DOCUM	1ENT #)			
	ECIA STRU	I. CTIONS:				

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	sion of Corp	porations				
SUBJECT:	THE COMP	ANIES OF NASSAL SERVI	CES, LLC			
SUBJECT	T:Name of Limited Liability Company					
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter	_			
r rease return	an correspor	idence concerning this matter	to the following.			
		ROBERT SALTSMAN				
			Name of Person			
		ROBERT P. SALTSMAN	, P.A.			
			Firm/Company			
		P.O. BOX 2146				
			Address			
		WINTER PARK, FL 3279	0			
			City/State and Zip Code			
		JUDY@SALTSMANPA.C	OM to be used for future annual report no	Wheeler \		
For further in	formation co	ncerning this matter, please ca		Mileanon)		
ROBERT SA		······································	407 647-2899			
- TODER OF	Name of	Doron	at ()	me Telephone Number		
	Name of	r erson	Area Code Daytii	me Tetephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mail</u>	ling Address	<u>:</u>	Street Address:			
Reg	istration S	ection	Registration S			
	ision of Co . Box 6327	orporations 7	Division of Co	•		
r.U	. DUX 0327		The Centre of	1 allanassee		

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



THE COMPANIES OF NASSAL 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 Li-	ability Company w	vere filed on 8/23/2019	and assigned
Florida document number L19000215783	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
THE COMPANIES OF LASSAN SERVICES, LL			
The new name must be distinguishable and contain the w	ords "Limited Liability	y Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	220 TRISMAN TERRACI	
(Principal office address MUST BE A STREE		WINTER PARK, FL 3278	9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		220 TRISMAN TERRACI WINTER PARK, FL 3278	9
B. If amending the registered agent and/or r agent and/or the new registered office addres		laress on our records, <u>en</u>	ner the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	220 TRISMAN	 	
	Enter Florida street address		
	WINTER PARK		, Florida <u>32789</u>
		City	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = 3 AMBR =	MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remove	
			□Change	
	 		□Add	
			☐ Change	
			□Add	
			□Remove	
			□Сhange	
			□Remove	
			Change	
			□Add	
		-	□Remove	
			Change	
			□Add	

_____ □Remove

, ii ament	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
-	
(If an effec Note: If	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
the record : cord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	5/23 , 2023. WPN Signature of a member or authorized representative of a member
	hom l
	Signature of a member or authorized representative of a member
	WILLIAM P NASSAL
	Typed or printed name of signee