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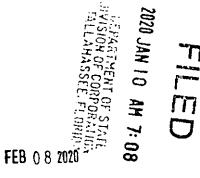
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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S. YOUNG

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	BSIDIAN C	ONTRACT SE	ZVICES LLC.
3012ECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Wil	//iam J. Mullad Name of Person	14
	<u> </u>) IAN CONTRACTION COMPANY	T SERVICETLLE.
	/9	53/3 CAZY LA	KE PI-
	TAMPA,	FloRIDA 33 City/State and Zip Code	624
		to be used for future annual report not	
For further information of	concerning this matter, please ca	all:	
William J.	Mullady of Person	at (8/3) 598 Area Code Daytin	re 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 Addres		Street Address: Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBSIDIAN CONTRA (Name of the Limited Liability Compa (A Florida Limited I	CT SERVICES	LLC.
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000224</u> 21	were filed on $\frac{1}{2}$	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
		<u>2</u> 20
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		259E
		SEE
Enter new mailing address, if applicable:		FCR 20
(Mailing address MAY BE A POST OFFICE BOX)		97231 D
Muning address MAT BE A POST OFFICE BOAT	1	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
	Fla	orida
	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 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>	Name	Address	Type of Action
AMBR	Scott B. DRAY	15313 LAZY LAKE PI.	🗆 Add
		TAMPA, FL. 33624 L	J. S. ViRemove
			Change
			🗆 Remove
			□Change
			□ Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□ Remove
			□ Change

Page 2 of 3

(If an el : <u>Note</u>	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: e 90th day after the record is filed.
Datec	JANUARY 5 . 2020.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized Epresentative of a member
	Signature of a member or authorized Epresentative of a member William Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00