L19 000 2 3 0 0 9 4

(Re	questor's Name)	
(100	92230707107	
(Add	dress)	
·	·	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



400336042794

11/01/19--01011--025 **25.00



T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corpo	
SUBJECT: B.	Randoll Services, L.L.C.
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Blake E. Randall Name of Person
	_
	B. Randoll Services, L.L.C.
	Firm/Company
	200 Camelia Street
	Gulf Breeze, FL 32561
	City/State and Zip Code
	City/State and Zip Code
For further information co	ncerning this matter, please call:
	- ·
Blake E. T	A Code Dougling Telephone Number
raine or	. 5.60-
Enclosed is a check for th	e following amount:
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	STREET/COURIER ADDRESS: ation Section n of Corporations ox 6327 sssee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Services, L.L.C.	
(A Florida L	(Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 1900230094</u>	ompany were filed on $Aug 2, 20$.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		- i o
(Principal office address MUST BE A STREET ADDRI	ESS)	11
Enter new mailing address, if applicable:		3 5
(Mailing address MAY BE A POST OFFICE BOX)		37
B. If amending the registered agent and/or registered agent and/or the new registered office address		ter the name of the new
Name of New Registered Agent:		***************************************
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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>	<u>Name</u>	Address	Type of Action
OWNER AMBIR	Blake E. Randall	200 Camelia Street Gulf Brecze, FL 32561	Add
AMOK			Change C
			Change
			Add
			Remove
			☐ Change
		<u></u>	
			≥ 6 □ Remove
			DuAdd T
<u> </u>			🗖 Add
			Remove
			□ Change
····			
			Remove
			Change

						-	-
				<u> </u>			_
							_
							_
		-, ,-,				•	
							-
							-
		<u></u>					_
							_
				•	-		_
					7.5	15	-
					· · · ·	- <u>Z</u> -	,
						-45	, me.,
					•		· -
						9.	
		-				07	-
		<u> </u>			<u> </u>		_
							_
Tective date, if other in effective date is listed, the tetring of the date inserted cument's effective date	ne date must be specific ar in this block does not	nd cannot be prior to meet the applicab	date of filing or mo le statutory filing	re than 90 days a	otional) fter filing.) Pursu this date will n	ant to 60 ot be list	5.020 ted a
	delayed effective		an effective ti	me, at 12:0	1 a.m. on th	e earli	ier c
	the record is filed	I.					
record specifies a he 90th day after		.,					

Page 3 of 3

Filing Fee: \$25.00