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	(Requestor's Name)
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☐ PICK-UF	WAIT MAIL
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	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions	to Filing Officer:
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2819 OCT 28 PH 1: 16

C. GOLDEN

NOV 2 7 2019

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Lim	Ge S / / Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Dulayne C	Name of Person	
	Flaside 5	Firm/Company	<u>`</u>
	1093 9	Crusinater Address	Lane
	Sarasoto DKge:b	City/State and Zip Code Comail 120 O be used for future annual rep	34232
Park of the sale of			oort notification)
For further information co	ncerning this matter, please ca	ill:	
Mayne of Name of	Selb Person	at (<u>9 4//</u>)	3 74 - 6003 Daytime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fireside Servico	SLLC	2019 00T 28 PH 1: 16
(A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 2 3345</u> 6	were filed on <u>Sopt 16</u>	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	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."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da 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 Type of Action Address Name MBR : Wagne seib 1083 spendmater LN - Add Surasita I 34732 - Remove _____Change Kristi Gelh 1083 grasmaka W - Add GANASITE FL 34231 Remove Change □ Add □ Remove _□ Change ☐ Remove __ 🗆 Add ☐ Remove □ Change □ Add □ Remove ☐ Change

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f an effo Note:	ve date, if other than the date of filing: (optional) ective 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 lifthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _.	Signature of a member or authorized representative of a member
	1 Warna (Flat

Page 3 of 3

Filing Fee: \$25.00