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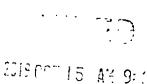
## **COVER LETTER**

TO:

	Registration Se Division of Cor					
STID IEC		CES PERDIDO LLC				
SUBJEC	.l:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		JOHNATHON ROWE				
			Name of Person			
		PK SERVICES PERDIDO	LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		7200 SHARP REEF RD U	INIT 3			
		Address				
		PENSACOLA/FL 32507				
		City/State and Zip Code				
		SPARTANSOLARINSTALLS@GMAIL.COM				
		E-mail address; (	to be used for future annual report not	ification)		
For furth	er information co	oncerning this matter, please co	all:			
JOHNA'	THON D ROWE	3	850 512-4684			
	Name of	l Person		ne Telephone Number		
Enclosed	l is a check for th	e following amount:				
<b>□ \$</b> 25.0	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)		
	Registr	ING ADDRESS: ation Section	STREET/COUR Registration Section	on		
		л of Corporations эх 6327	Division of Corpo Clifton Building	rations		
		ssee, FL 32314	2661 Executive C	enter Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PK SERVICES PERDIDO 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 Liability	y Company were filed on 09/17/2019	and assigned
Florida document number L19000234920	<del></del> .	
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office a	•	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da Zip Code
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAYDEN MORRIS	4252 Queens Place Ct Pace, FL 32571	Add
			□ Remove
			☐ Change
MGR	ZACH PITTMAN	4252 Queens Place Ct Pace, FL 32571	Add
			Remove
			☐ Change
	<del></del>		Add
			Remove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<del></del>
Effec	10/01/2019 tive date, if other than the date of filing: (optional)
Note	tive date, if other than the date of filing:  (optional)  (fective 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	OCTOBER I 2019
	Signature of a member or authorized representative of a member
	JOHNATHON D ROWE  Typed or printed name of signee

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Filing Fee: \$25.00