L20000018253

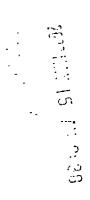
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COVER LETTER

TO:

TO: Registration Se Division of Cor				
iServ Tech,				
SUBJECT:		ited Liability Company	.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kenneth B. Kirkpatrick			
		Name of Person	- 18 -	_
		Firm/Company		-
	PO Box 2495			~ ?
		Address		
	Ocala, FL 34478			
	ken@heritagemanagement.			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notiful:	ication)	. න න
Kenneth B. Kirkpatrick		352 482-0777 at ()		
Name o	f Person	Area Code Daytimo	: Telephone Numbe	: r
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	
Tallahassee		2415 N. Monroe		810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iServ Tech, 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 Company were filed on $\frac{01/10/2020}{}$ and assigned Florida document number L20000018253 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 adde or removed from our records:

MGR = Manager

MONTH	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brandon Kyle Dixon	PO Box 2495 Ocala, FL 34478	
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ffective date, if other than the dat an effective date is listed, the date must be	specific and cannot be	e prior to date of tili	ng or more than 90 da	(optional) ys after filing.) F	Pursuant to 605.020
iote: If the date inserted in this block	does not meet the a	applicable statutor	y filing requiremen	its, this date w	ill not be listed as
ocument's effective date on the Depar	thich of State 8 fe	cords.			
record specifies a delayed effective da	te but not an effec	tive time, at 12:01	a.m. on the carlier	of: (b) The	90th day after the
is filed.					·
Marco	2023				
Pated May 9	· · · · · · · · · · · · · · · · · · ·	// -			
7/	-1/ S	// -			
Ch.	Tratal to	_			

Typed or printed name of signee