## L20000 35107

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AUG 1 5 2020 S. YOUNG

## **COVER LETTER**

FO: Registration Section Division of Corporations	
	scruces ilc
J Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
	Name of Person
	y A Tof Services LLC Firm/Company
PO E	30\( \) 10\( \) Address
	ORRENTO, FL 32776 City/State and Zip Code
E-mail address:	(to be dised for Nature Annual report notification)
For further information concerning this matter, please	call:
Name of Person	at (407) 209 - 7482 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  25.00 Filing Fee  Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certified Copy fadditional copy is enclosed) ☐ \$copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lady A Tof sexy	ices LC	
( <u>Name of the Limited Flability Compan</u> (A Florida Limited Li	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L2000035107}$ .	were filed onand assigned.	•
This amendment is submitted to amend the following:		• •
A. If amending name, enter the new name of the limited liabil	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability	tity 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 BON)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	PO BOL 1016  SORKENTO, FL 32776  address on our records, enter the name of the new register	- - - <u>ered</u>
Name of New Registered Agent:		
New Registered Office Address:		
The Register Office / March	Enter Florida street address	gistered
	, Florida	_
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	the

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

Title	Name	Address	Type of Action
MGK	James Q Jackson	36732 Alaqua Ct	
		Elstis, FL 32730	[]Remove
MGK	Audrianna Williams	36732 Alaqua C+	Add
		EUSIS, PL 30736	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			⊡Add
			CJRemove
			Change
			□Add
			🗀 Romove

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<u>: If</u> :	ve date, if other than the date of filing:	(optional)  illing or more than 90 days after filing.) Pursuant to 605.03 tory filing requirements, this date will not be listed
ord s tiled	specifies a delayed effective date, but not an effective time, at 12: rd.	01 a.m. on the earlier of: (b) The 90th day after the
ძ		
	(h) 1	
	Signature of a member or authorized reproduction williams	

Filing Fee: \$25.00