L200000 61572

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
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2020 FPR 13 PH 2: 18

Amend

APR 2 3 2020
I ALBRITTON

COVER LETTER

TO: Registration So Division of Co	ection rporations					
SUBJECT:	Name of Lim	Chire Services	LLC			
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspond	ondence concerning this matter	to the following:				
		enia austs.				
	Mas (Name of Person Juanty Services Firm/Company	Jac			
	12780 SW	264th ST Address				
	Home	Stead Fl 3302 City/State and Zip Code	2			
	manarity Somail address: (1	NO be used for future annual report noti	fication)			
For further information of	concerning this matter, please co	ail:				
Name o	nu We	at (<u>305</u>) <u>7210 -</u> Area Code Daytim	2555 e Telephone Number			
Enclosed is a check for t	he following amount:					
\$25.00 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)			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Storida document number <u>L20000 61572</u> .	were filed on 02/25/20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2022
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	3 3 0
(Mailing address MAY BE A POST OFFICE BOX)	2: <u>8</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 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>	Name	Address	Type of Action
AMBR	Markel 6 Rops	3255 WHagler ST Apt 2 Mum Fl 33135	🗆 Add
	J	Mun Fl 33135	DRemove
			□Change
	···		🗆 Add
			□Remove
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			🗆 Add
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			🗆 Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
	
- 	
	
	
E. Effective date, if other than the date of filing: On the control of the contr	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th record is filed.	day after the
Dated 04/06 . 2020:	
Signature of amember or authorized representative of a member Typed or printed name of signee	

Filing Fee: \$25.00