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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations	
SUBJECT: New Town Services	LLC
Name of Limited Liability Compa	ıy
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Man Jy Tourau Name of Pers	on
New Town Ser	vices LLC
New Town Sex Firm/Compar 1401 S Palmeffo Ave Apt Address	517
Daytora Beach FL 3211 City/State and Zip Man Ja Toway & Yal E-mail address: (to be used for fluture:	4 Code
Man Ja To way & Yal E-mail address: (to be used for fluture:	nnual report notification)
For further information concerning this matter, please call:	
Man J G Touray at (386) Name of Person Area Cod	,795-1155
Name of Person J Area Cod	e Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$555.00 Filing Certificate of Status \$\Bigcup \$\text{certified Co} (additional cop)	py Certificate of Status &
Mailing Address: Str	eet Address:

Registration Section

TO:

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

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

(A Florida 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 07/25/2020 and assigned Florida document number 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 "LLC." 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 1401 S Dametto Auc AASI7 Daytong Reach FL 32114	Type of Action
Manager	Manju Touray	Daytong Reach FL 32114	_BAdd
			_ □Remove
			_ □Change
			_ □Adđ
			_ □Remove
			_ □Change
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(If an eft Note:	ive date, if other than the date of filing:
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	March, 2, 2020. Man Socray Signature of a member or authorized representative of a member
	Man Journay Signature of a member or authorized representative of a member

Filing Fee: \$25.00