## LACOCCO93151

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TO: Registration Sect Division of Corpo						
SUBJECT: Still M	Name of Limit	Seling and Company	onsulting Services			
The enclosed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.				
Please return all correspond	lence concerning this matter t	o the following:				
	Marie	BOIS BRI Name of Person				
4	Btillness Cour	Isaling and Con Firm/Gompany	Salting Services, LLC.			
	2189 Berk	iley way				
		City/State and Zip Code	(ication)			
For further information con	cerning this matter, please ca	îı <del>.</del>				
Manie Boi	erson	at (234) 738. Area Code Daytime	C926  Telephone Number			
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy , aiditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional conv is enclosed)			
Mailing Address: Registration Sec		Street Address: Registration Sec				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Talianasses				

2415 N. Monroe Street. Suite 811-

Tallahassee. FL 32362

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION DF

The Articles of Organization for this Limited Liability Company were filed on 3-30-2020 and assigned Florida document numse 1200000 93181 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: "LLC." or the abbreviation "LLC." Enter new principal offices address, if applicance: (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:

s 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.

chy

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manage: AMBR = Authorized Member

**Address** Type of Action. Title Name Marie Bois Bel 2189 Berkley Way MGR Lehigh Acres F1 33973 DRemove \_\_\_\_ □Change Remove \_\_\_\_\_ Change Db∧□ \_\_\_\_ \_ □Remove Add B CRemove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_LJChange □Remove

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