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(Address)
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(City/State/Zip/Phone #)
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DEC . 2020

TO: 2 Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: 803 Buena Uista de Tallahassul Fl. 33304
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (\$50) 510-6364

Area Code Daytime Telephone Number Enclosed is a check for the following amount: X \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICEES OF AMENDMENT

ARTICLES OF ORGANIZATION
OF

A22 Servius L.L.C.

(Name of the Limited) (A	Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab Florida document number <u>L2000(0)</u>	ility Company were filed on May C	1 2020 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "I	.I.C" or the abbreviation "L.I.C"
Enter new principal offices address, if applicab	le:	,
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		·-
B. If amending the registered agent and/or reg		E .
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>en</u> <u>here</u> :	ter the name of the new regist
		<u></u>
Name of New Registered Agent:		- 1
New Registered Office Address:	•	0
	Enter Florida street ad	dress
		. Florida
	City	Zip Code

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 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 i 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 Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Actio
AMBR	Tonya Lynn NewKirk	127 Beahwood dr.	EAdd
		Cranforduille F1. 32327	□Remove
			□Change
AMBR David Cessna	David Cossna	1562 Coldwell &r.	🗆 🗀 Add
		Tallahyssee F1. 33310	ERemove
			□ Change
 -			🗆 Add
			□Remove
			Change
·····	·		□Add
			□Remove
			Change
			□Add
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			□Add
		□Remove	
			Change

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Note: If the di	e, if other than the date of filing: e is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicable ective date on the Department of State's records.	(optional) (ate of filing or more than 90 days after filing.) For estatutory filing requirements, this date we	ursuant to 605.02 ill not be listed
record specif d is filed.	es a delayed effective date, but not an effective time	, at 12:01 a.m. on the earlier of: (b) The	90th day after t
Dated	2/29/ 2020 Signature of a member or authorize	ed representative of a member	·
	M_{1}		