L20000191837

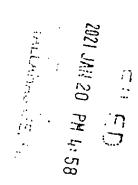
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400358078624

01/20/21--01030--003 **25.00



JAA 2/22/21

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:		ited Lightlity Company	ervices LLC
The englosed Articles of A	Amendment and fee(s) are sub	mitted for filing	
		_	
Please return all correspor	idence concerning this matter	to the following:	
	_ Tway	Name of Person	un
	771 0	Firm/Company Office Say Address	Drive East
	West Pa	In Seach 7	F6 33406
	Kockst E-mail address: (City/State and Zip Code City/State and Zip Code Lo be used/for future annual report notif	hoo. Com
For further information co	ncerning this matter, please co	all:	
DWGGAE Name of	Person	at (<u>561</u>) <u>651</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 radditional copy is enclosed)
Mailing Address	:	Street Address:	

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

EB Hand Man's Services C

The Articles of Organization for this Limited Liability Compa Florida document number <u>L200001918</u>	nny were filed on	7-06-20	and assigned
Florida document number	ンナ		
This amendment is submitted to amend the following:			
A. If amending name, gnter the new name of the limited li	ability company he	ere:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the d	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	 }		
		<u> </u>	202
		from .	<i>i</i> .
F			三 口
Enter new mailing address, if applicable:	-	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			7
		•	55
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our re	ecords, <u>enter the name</u>	of the new registered
)		
Name of New Registered Agent:	n)ayne	Drow	1
		<u></u>	
New Registered Office Address:	L'or or Elon	rida street address	
	enter rior	ada sirvet adaress	
<u> </u>		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		
Thereby accept the appointment as registered agent and a	igree to act in this c	capacity. I further agre	e to comply with the

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 using filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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 = Mar AMBR = Aut	nager thorized Member			
<u>Title</u>	<u>Name</u>	0	Address	Type of Action
<u>AMB</u> R	Quame	<u>Brown</u>	P.O. BOX 221781 West Falm Beach FC 33422.	ZAdd
	/		33422.	□Remove
2 .		0	11 P P F	Change
MGR	+)wane	Down	471 Cotton Bay St. E 38 West falm Beach. FL	ZAdd
	/			□Remove
				□Change
				□Add
				🗆 Remove
				□Change
				□Add
				🗆 Remove
				□Change
				□Add
				🗆 Change
				□Add
				□Remove

☐ Change

	
<u> </u>	
-	
	· · · · · · · · · · · · · · · · · · ·
ffective da	ite, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60.
ote: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
locument's 6	effective date on the Department of State's records.
record spec Lis filed,	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated	
Dated	
Dated	1 de source
Dated	Signature of a member or authorized representative of a member Wa-/12 Wa-/12

Filing Fee: \$25.00