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(Requestor's Name)  (Address)	
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A. RAMSEY JUL 12 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations		·
Subject: 2 1 1 2 1 2 1	ing Service	s, LLC
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
<u>Classiz</u> 22580 <u>Boca</u> R	Name of Person  A Perts  Firm/Company  SW 6446 Was  Address  City/State and Zip Code	WPG CCC 1
E-mail address.	do be used for future annual report notification	on)
For further information concerning this matter, please c	rall:	
SANTOS BONIK	at (Sb/)	phone Number
Enclosed is a check for the following amount:		
El \$25.00 Filing Fee \$\frac{1}{\chi_{\text{\$\chi}}}\$	□ \$55.00 Filing Fee & Cordified Copy (and moral copy is encloses)	☐ \$60,00 Filing Fee, Certificate of States & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	
Registration Section	Registration Section	1
District CC and sources	Divinia nat Cornora	

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 FILE

ed 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 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: 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

Florida

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 = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			[]Change
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record specifies a	delayed effective dat	te, but not an eff	ective time, at 12	:01 a.m. on the e	arlier of: (b) The	90th day after the
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Filing Fee: \$25.00