K20 000206595

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		}
		}





600359950956

02/11/21--01014--008 **25.00

12 2/39/11

COVER LETTER

Division of Cor	porations		
JECT:		service Realty.	LLC
	Name of Limi	ted Liability Company	
enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
ise return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	3.95	Full Service Rea	alty LLC
		Firm/Company	
	15200	Tanuami Trail	1 Suite 117
		Address	
	FORT	Myers, FL 330	708
	_	City/State and Zip Code	
	sfksells	egmail-com/	taradero e ao l· com
	E-mail address: (1	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
Tara De Roll Name o	De KT/J f Person	at (973) (010 Area Code Daytim	. 4280 /234-689. 3754 ic Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3.9	5 Full Sekulo	is Realty LL	-
(Name of the Limited (A	Liability Company as it now Florida Limited Liability Cor	rappears on our records.) npany)	
Articles of Organization for this Limited Liab rida document number 上気ひ00 20 6	ility Company were filed 595.	on <u> </u>	o and assigned
s amendment is submitted to amend the follow	ing:		
If amending name, enter the new name of the	ne limited liability comp	any here:	
e new name must be distinguishable and contain the word	ls "Limited Liability Company	y," the designation "LLC" or the	abbreviation "L.L.C."
nter 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	<u></u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg agent and/or the new registered office address b		our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:	Stanley F.	Kleinschmid	T JR
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	E	nter Florida street address	· ·
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Reg	Ž		zip Coae : :- :-
nen registeren agent 5 Signature, it changing Reg	asici cu 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.

If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

;	<u>Nar</u>	ne		Address			3	Type of Action
<u>GR</u>	(Stanley F A	KlennsChmidt	JR	152005	Tamian	ii Trail	_XiAdd
				Suite.	117			_ □Remove
				Fort	Mycrs	FL	33908	_
	~							_ □Add
				 				_ □Remove
								_ □Change
			<u>.</u>		- · · ·			_ 🗆 Add
								_ □Remove
								_ □Change
			·					_ 🗆 Add
								_ □Remove
							<u></u>	_ □Change
				·				_□Add
								_ 🗆 Remove
								_ □Change
								_ □Add
								_ □Remove
								_ □Change

	Sturley F Kleinschmidt 95%
_	Sturley F Kleinschmidt 95% Tara L DeRobertis 5%
~-	
	
_	
_	
_	
_	
_	
_	
_	
Note: I	e date, if other than the date of filing:
	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
cord is file	d.
cord is file	12/8/2021
cord is file	Signature of a member or authorized representative of a member

Typed or printed name of signee