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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	gistration Se vision of Cor		•	
CHOICE.		E SERVICES, LLC	**	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	a all correspo	ndence concerning this matter	to the following:	
		PAUL C. KING		
			Name of Person	
		NAMI-ONE SERVICES,	LLC	
		•	Firm/Company	
		1540 NW 182ND STREET	r	
		-	Address	· · · · · · · · · · · · · · · · · · ·
		MIAMI, FL 33169		
			City/State and Zip Code	
		PKING4596@GMAIL.CO		
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation c	oncerning this matter, please ca	aft:	
PAUL C. K	ING		954 294-8340	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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 (additional copy is enclosed)
	uling Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Cor		
	O. Box 632		The Centre of T	
Та	llahassee, i	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabilit</u> (A Florida	Y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.20000275086	ompany were filed on <u>09/03/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		2020 SEG
(Principal office address MUST BE A STREET ADDR	PESS)	E n
Enter new mailing address, if applicable:		AH &
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	l office address on our records, <u>enter the</u>	name of the new regi
	, Floric	la Zip Code

New Registered Agent's Signature, if changing Registered Agent:

NAMEONE SERVICES TEC

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	PAUL C. KING	1540 NW 182ND STREET	
		MIAMI, FL 33169	□ Renюve
			⊞ Change
MGR LAROYCE D. WALKER	LAROYCE D. WALKER	1540 NW 182ND STREET	□Add
		MIAMI, FL 33169	■Remove
		 	□Change
			\Backsquare Add
		□Remove	
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(If an eff	ve date, if other than the date of filing: 11/18/2020 (optional) extive 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 605.0207 () If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	
Dated	November 18 2020
	Signature of a member or authorized representative of a member

Typed or printed name of signee