L20000302981

(Rec	juestor's Name)	
(Add	iress)	· · · · · · · · · · · · · · · · · · ·
(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:	

Office Use Only



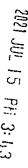
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

	(OFFICE LISE ONLY)
Corporation Name & Document Num	(OFFICE USE ONLY) ber, (if known):
License Services, LLC. (Business Name)	L20003D2981 Document#
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each	page)
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL)Country	Other
	EXAMINER'S INITIALS:

COVER LETTER

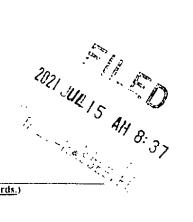
TO: Registration Se Division of Cor			
SUBJECT: LICENSE	SERVICES 11C		
SUBJECT: LICENSE	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Phil A. D'Aniello		
		Name of Person	
	Fassett, Anthony & Taylor		
		Firm/Company	
	1325 West Colonial Drive		
		Address	
	ORLANDO	Charles and The Co. I	
	pdaniello@fassettlaw.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Phil A. D'Aniello		at (407) 872-0200	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)
Mailing Address Registration S	<u>s:</u> Section	Street Address: Registration Sec	ction

Mailing 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**



LICENSE SERVICES, LLC

(Name of the Limited 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 <u>9/25/202</u>	0 and assigned
Florida document number 1.20000302981		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	s, enter the name of the new registered
New Registered Office Address:		
	Enter Florida stre	ret address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my de provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is
If Char	nging Registered Agent Si	gnature 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THERESA LAURA COLE	⊌o Phil A. D'Aniello	≣Add
		1325 West Colonial Dr	□Remove
	Orlando, FL 32804	□Change	
MGR	WILLIAM W. COLE, JR.	135 N. Knowles Ave	□Add
		Winter Park, FL 32789	Remove
		□Change	
MGR PHIL A. D'ANIELLO	1325 W. Colonial Dr		
	Orlando, FL 32804	Remove	
		□Change	
		□Add	
		🗆 Remove	
		Change	
		□Remove	
		□Change	
		□Add	
			□Remove
			Fich

441	
To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(If an effective date is listed, the date must be specific and cannot be pr	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (2 blicable statutory filing requirements, this date will not be listed as the
he record specifies a delayed effective date, but not an effectivord is filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>JULY 15</u> . <u>2021</u>	·
Signature of a member or an	athorized representative of a member
PHIL A. D'ANIELLO	inted name of signee

Filing Fee: \$25.00