## K20000318854

(Requestor's Name)	
(Address)	600371317
(Address)	00007 1017
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only 5. C.



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## **COVER LETTER**

ГО:	Registration Section Division of Corporations		
SUBJE	CT: LANDAHAN A	A C SERVICE LLC	<u> </u>
	closed Articles of Amendment and fee		
Please	return all correspondence concerning	his matter to the following:	
	JASON	HANEAHAN Name of Person	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-m	ail address: (to be used for future annual report n	otification)
For fu	ther information concerning this matt	er, please call:	C
JA	SON HANKAHAJ	at (386) 552 Area Code Dayt	
Enclos	ed is a check for the following amour	ıt;	٠٠ 
	25.00 Filing Fee	g Fee & S55.00 Filing Fee &	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section	Street Address Registration	

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

HANRAHAN A	10 SERV	ICE, LLC_	
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on our recor liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Lia		were filed on $\frac{/\ell}{8}$	2020 and assigned
Florida document number <u>L2000318</u>	854		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET	TADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>		
B. If amending the registered agent and/or re agent and/or the new registered office address	• .	ddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	JEFF	HANEAHAN	
New Registered Office Address:	2373	OLD TOMOLA Enter Florida street addre	ROW
	<u>ORMOND</u>	City FL. F	lorida 32135 Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		#:
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete stered agent as p registered office	performance of my duties, o provided for in Chapter 605.	and I am familiar with and , F.S. Or, if this document is

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEFF HANRAHAN	2373 OLD TOMORA RO.W	[Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			Change
			i Add
			□Remove
			Change
			□Add
			Remove
			□Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
••		
<del></del>		
Note: If the	ate, if other than the date of filing: 8/11/2021 (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua date inserted in this block does not meet the applicable statutory filing requirements, this date will not effective date on the Department of State's records.	ant to 605.0207 ( ot be listed as t
the record spec ford is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 20th	day after the
Dated/	AUGUST 11 2021.  Signature of a member or authorized representative of a member  JASS HANRAHAN  Typed or printed name of signee	
	1.1	
_	City's	
	/ ( Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative in a member	

Filing Fee: \$25.00