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(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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LLC Amena

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2022 SEP -7 PM12 35

A. RAMSEY DEC -5 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: D. SCOTT Det C. Name of Lin	willing Service UC mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Dontavion	S S S S S S S S S S S S S S S S S S S
77111	Firm Company
0 104 M	Address
Ft. Lande	erdale PC 33311
donwon E-mail address:	City/State and Zip Code 510 C 1 Clowd. COM (to be used for future annual report notification)
For further information concerning this matter, please	call:
Distavious Scott Name of Person	at 954) 993 9940 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration 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

FILED

OF 2022 SEP -7 PM 12 39

If Changing Registered Agent, Signature of New Registered Agent

D. Scott Detailing Someof the Limited Liability Company (A Florida Demied Liability Company)	Crvice Lyavit now appears on our ability Company)	r records.)
The Articles of Organization for this Limited Liability Company w	vere filed on 103	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability".	ce lla	on "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 adagent and/or the new registered office address here:	ldress on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of <mark>my d</mark> u ovided for i <mark>n Chapt</mark> e	ties, and I am familiar with and r 605, F.S. Or, if this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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ote:	ve date, if other than the date of filing:
ecord is file	I 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
ited _	aug 11,2022.
_	A Cott
	Signature of a member or authorized representative of a member
	Dontavious Scott

Filing Fee: \$25.00