L20000378509

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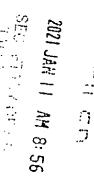
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COVER LETTER

	Registration Se Division of Cor			; · ·
SUBJEC		ERVICES - LINE SERVICES,	I.I.C	
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		CHARLES R. GARDNER		
			Name of Person	
		GARDNER BIST		
			Firm/Company	
		1300 THOMASWOOD D	RIVE	
			Address	
		TALLAHASSEE, FL 3236	08	
			City/State and Zip Code	
		CHARLES@GBWLEGAL	.COM to be used for future annual report noti	fication)
For furthe	r information c	oncerning this matter, please c	·	
CHARLE	ES GARDNER		850 385-0070	
	Name o	t Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	he following amount:		
■ \$25.0	0 Filing Fee	S30.00 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)
I	Mailing Addres	Section	Street Address: Registration Sec	
1	Division of C	Corporations	Division of Cor	porations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STORM SERVICES - L	LINE SERVICES, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L20000378509	were filed on 12/03/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
STORM SERVICES LINE		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	.LC" 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:	address on our records, <u>ent</u>	er the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
	,	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	•	Ztp Code
I hereby accept the appointment as registered agent and agroup 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	ee to act in this capacity. I performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

company has been notified in writing of this change.

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
If an effective dat <u>Note:</u> If the da	, if other than the date of filing:
ne record specifiord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JANUARY 11. 2021
	Signature of a member or authorized representative of a member
	CHARLES R. GARDNER
	CHARLES II. CHARLETTI

Filing Fee: \$25.00