## L20000395746

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SEAN'S PI SUBJECT:	ROFESSIONAL SERVICES, I	LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SEAN M. CLAYTON		
		Name of Person	
		Firm/Company	
	1642 EISENHOWER STI	Address	
	TALLAHASSEE, FL 323		
	SEANSPROFESSIONALS	City/State and Zip Code SERVICES@GMAIL.COM	<del></del>
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please o	all:	
SEAN M. CLAYTON		850 284-8805	
Name o	f Person	at () Area Code Daytim	e Telephone Number
inclosed is a check for the	ne following amount:		
■ \$25.00 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEAN'S PROFESSIONAL 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 12/18/2020 and assigned Florida document number L20000395746 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: SEAN M. CLAYTON Name of New Registered Agent: 1642 EISENHOWER STREET New Registered Office Address: Enter Florida street address Florida 32310
Zip Code **TALLAHASSEE** City New Registered Agent's Signature, if changing Registered Agent: 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 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>Name</u>	Address	Type of Action
<b>≀</b>	JALESA DENNIS	1642 EISENHOWER STREET	
		TALLAHASSEE, FL 32310	■Remove
/			□Change
_	JALESA DENNIS	1642 EISENHOWER STREET	
		TALLAHASSEE, FL 32310	■Remove
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Effectiv	re date, if other than the date of filing: (optional)
(If an effe <u>Note:</u> I	ce date, if other than the date of filing:
he record ord is file	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 d.
Dated _	ANUARY 28TH . 2021
	In the
	Signature of a member or authorized representative of a member
	SEAN M. CLAYTON
	Typed or printed name of signee

Filing Fee: \$25.00