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COVER LETTER

Tallahassee, FL 32314

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOGAN D. WILLIAMS Name of Person WILLIAMS Name of Person WILLIAMS Address TRUE SERVICE Firm/Company Po Dex 3000 Address TRUE SERVICE Firm/Company For further information concerning this matter, please call: LOGAN D. WILLIAMS Area Code Area Code Daytime Telephone Number Enclosed is a check for the following amount: P(\$25,00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed)	TO: Registration Sec Division of Corp			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOUAN D. WILLIAMS Name of Person WILLIAMS Name of Person Address TOUANSEE FL 37315 City/State and Zip Code Aripicage S Under S Mail . Com B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOUAN D. WILLIAMS Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Psi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SUBJECT:	ILLIAMS LAWDSCA	PING \$ TREE SER	VICE-LIC
Please return all correspondence concerning this matter to the following: LOVAND WILLIAMS Name of Person WILLIAMS SERVICE Firm/Company Po Dox 38/02 Address TOURNESSE FL 33315 City/State and Zip Code Arraycapes Luce 5 mail . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVAND Name of Person at (39) Name of Person at (39) Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Phi\$\text{S25.00 Filing Fee} \text{S30.00 Filing Fee} \text{ Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	***************************************	Name of Limited	Liability Company	
Please return all correspondence concerning this matter to the following: LOVAND WILLIAMS Name of Person WILLIAMS Name of Person WILLIAMS Firm/Company Po Dox 38HO2 Address TOURNESSEE FL 323U City/State and Zip Code Argacopes LULE 5 Mail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVAND D. WILLIAMS Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Phi\$\text{S25.00 Filing Fee} \Bigcip \$30.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed)				
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Firm Company Polox 38/02 Address Translanderss: FL 32317 City/State and Zip Code Arioscope 3 LL & smail . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOURN D. WILLIAMS at (321) 307 - 7728 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\int_{\text{S25.00 Filing Fee}} \Bigci \text{S30.00 Filing Fee} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy is enclosed}			Name of Person	\
TRUMPISSE PL 37315 City/State and Zip Code Aripscapes Luce 5 mail Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lourn D. Williams at (301) 367-778 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Second Filing Fee Sound Filing Fee & Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed)		WILLIAMS LO	Firm/Company	SERUICE
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Mailing Address: Registration Section Street Address: Registration Section			Street Address: Registration Se	ection
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	Division of C	Corporations	Division of Co	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.11.1.	01,112 4 781	ES SERVICE	2023 MAR	-7 PH 4: 10
(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears nability Company)	on our records.)	· ·
The Articles of Organization for this Limited Liab Florida document number <u>L 2\000003</u> f	ility Company		ر. ا	₹ and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ıe limited liabi	lity company her	<u>·e</u> :	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ile:	ity Company," the de	signation "LLC" c	r the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	Ro. box	38407 7	30315
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office a here:	address on our re	ecords, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:	Loba	r D. W	<u>wams</u>	
New Registered Office Address:	Po.	Box 38	to Ə ida street address	
	Trace	MASSEE	, Flor	rida <u>32315</u> Zip Code

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.

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
MOR	LOBAND. WILLIAMS	Po. Box 38402 TALLAHORSEE PL. 32315	E Add
			□Remove
			Change
MUR	DAVID WILLIAMS	7413 (MADLEWOOD LAWE MUNICIS	₹ □Add
		PL-30312	Remove
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Effective date, if other than the date of filing: 3 7 23 (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated 3 7 2003 Nignature of a member or authorized representative of a member Typed or promod name of signee		ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other than the date of filing: 37 23 (optional) fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. e record 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 rd is filed. Dated 37 2033. Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member		
	Dated ₋	$\frac{3}{7}$ $\frac{2003}{1}$
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00