# L21000004201

(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	





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### **COVER LETTER**

TO: Registration 5 Division of Co			
сывыест. <b>7</b> .9	oo Industry Service	es lla	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Brian	Brantsch Name of Person	
		ndustry Services, Lo	<u>(</u>
	4255 1	Pambler Ara	<del></del>
	St. C	Ony/State and Zip Code  200 Industry Sem to be used for future annual report notice	`.e.\Com
	E-mail address: 0	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ıll:	
Brian &	of Person	at ( <u>407</u> ) <u>719-</u> ( Area Code Daytime	6269 Telephone Number
Enclosed is a check for	the following amount:		
T\$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fec. 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 OF

2021 JAN 25 PM 4: 56

200 Industry Services, LCC.

(Name of the Limited Liability Company as it now appears on our record SEURCIARY OF STATE
(A Florida Limited Liability Company)

TALLAMASSES. FL TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on \_and assigned Florida document number 1210000 4201 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 "LLC," 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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

Type of Action **Address** <u>Title</u> Name Brian Braitsch 4235 Rambler Ave DAdd S+. Clork, fL 34772 ]Remove The Change \_\_\_\_\_ □Add \_\_\_\_\_ Change \_\_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Change \_\_\_\_\_ □Clringe 

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_	my bank wont let me open an account	
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Note:	ive date, if other than the date of filing:	)207 (3); Las the
the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	the
Dated	1/20/21	
	D	
	Signature of a member or authorized representative of a member	
	Brian Bracksch Typed or printed name of signee	