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Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

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subject: <u>6и</u>	EDON #1	Mult; Service	3 LLC
	registration Section invision of Corporations  rescription of Corporation of Corporations  rescription of Corporation of		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	HNORE	WeL	<del> </del>
		Name of Person	
	GUEDON &	Firm/Company	ies il-
	4293 P.	21m WAY	
		Address	
	LAKE I	WORTH FL 3. City/State and Zip Code	3463
For further information co	oncerning this matter, please c	all:	
ANDIE	Noel	at (541) 401- (	6079
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e tollowing amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

GUEDON #11	Multi Services LL?  bility Company as it now appears on our records.)  rida Limited Liability Company)
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $\underline{\mathcal{LJ1000112}}$	y Company were filed on $3/12/200/$ and assigned $3.19$
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	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 AD)	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	red office address on our records, enter the name of the new register
B. If amending the registered agent and/or register agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Street Manages.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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