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COVER LETTER

	on of Corp			•	_		
		KAI AC SERVICES			3		
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed A	aticles of A	amendment and fee(s) are sub	mitted for filing.				
Please return al	l correspon	dence concerning this matter	to the following:				
		MICHAEL MILLER					
			Name of Person				
		ANDREW SKALAC SER	VICES				
			Firm/Company				
		1334 OAK CREST COUR	Т				
			Address				
		DAVENPORT, FL. 33837					
		·-	City/State and Zip Code				
		andrewskaiacservices@gma	ill.com to be used for future annual report notif	forting)			
For further info	rmation co	ncerning this matter, please co		Carlotty			
Michael A. Mil		,	407 3088674	. ,			
	Name of	Person	at () Area Code Daytime	Telephone Number		(()
Enclosed is a cl	neck for the	following amount:			,; ;		
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing F. Certificate of S Certified Copy (additional copy is	Status &	3	
	g Address:		Street Address: Registration Sec	tion			
Registration Section Division of Corporations		Division of Corp	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

ANDREW SKALAC SERVICES		
(Name of the Limited Li (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 03/22/2021	and assigned
Florida document number L21000133337	 -	
This amendment is submitted to amend the followin	g:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		· •
		(
B. If amending the registered agent and/or regist agent and/or the new registered office address he		me of the new registe
		Ċ.,
Name of New Registered Agent:		-
manic of New Negistered Agent.		> 1
New Registered Office Address:		
	Enter Florida street address	. 24
-	, Florida	
	Cin [.]	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.

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
AMBR	MICHAEL MILLER	1334 Oakcrest Court, Davenport, Fl 33837	■Add
			□Remove
			□ Change
MGR	JACQUELINE BOGLE	1334 Oakerest Court, Davenport FI, 33837	= Add
			□Remove
			□Change
			□Add
			☐Remove
			🖯 Ćhange
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			□Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (?)document's effective date on the Department of State's records. If the 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 record is filed. Dated _____ Signature of a member or authorized representative of a member MICHAEL A. MILLER Typed or printed name of signee

Filing Fee: \$25.00