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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corpo			
SUBJECT:	chell's The	Scrices L.L.C ed Liability Company	-
	Name of Limit	ей Бавину Сопрану	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	y://:	Name of Person	
	Witchellis	Tim/Company	LLC
	130 52	100/ JAcet Address	
	Dayton ? Williemita E-mail address: (to	City/State and Zip Code City/State and Zip Code be used for future annual report notific.	114 ce 25 vices . Co
For further information con-	cerning this matter, please cal	•	
Willie Mi	4 chell	at (38%) 679-3	3760 Telephone Number
Enclosed is a check for the	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:		Street Address:	
Registration Sec		Registration Section	
Division of Cor P.O. Box 6327	porations	Division of Corpo The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \begin{align*} \begin	were filed on 4-30 - 3031 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company." the designation "L.L.C." South Baylong Beach, Fl. 32114
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	627 11 Grandview Huerve Juite 226 Daylory Roch, FZ 32118
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	M (STANDING) AVENUE 57E 336 Enter Florida street address Florida 3311

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.

City

Zip Code

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
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ted	2=6+wpcc 30 3031.	
	Signature of a member or authorized representative of a member	