K21000226579

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TO:

Registration Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

AT YOUR	SERVICE ENTERPRISES LI	.c	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAMES J. NEWBERN		
		Name of Person	
	AT YOUR SERVICE EN	TERPRISES LLC	
		Firm/Company	<u> </u>
	14 Maui Circle	·	
		Address	
	Naples, FL 34112		
	jnewbern1995@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification	on)
For further information c	concerning this matter, please c	all:	
Joel A. Threfkeld		239 234 - 5034 at ()	
Name o	f Person	at ()	ephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Section	ì

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now appears on our red (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited L Florida document number L21000226579		and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre		ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

AT YOUR SERVICE ENTERPRISES LLC

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	William Joyce		414 South Street	□Add
			Avoca, PA 18641	■Remove
				□ Change
AMBR	William Joyce, Jr.		414 South Street	■Add
		İ	Avoca, PA 18641	Remove
				Change
MGR	James J. Newbern		14 Maui Circle	■Add
			Avoca, PA 18641	□Remove
			-4- <u>-</u>	□ Change
				□Remove
			<u></u>	□ Change
				□Add
				Remove
				□Change
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If an effective <u>Note:</u> If th	edate is listed, the edate inscrted	e date must be speci in this block does	filing:9 fic and cannot be prio not meet the applient of State's records	r to date of filing or cable statutory fili	more than 90 days afi	tional) er filing.) Pursuant to 6 nis date will not be li	05.0207 sted as t
e record spord is tiled.	ecifies a delayec	I effective date, b	ut not an effective t	ime, at 12:01 a.m	, on the earlier of:	(b) The 90th day af	ter the
Dated $\underline{5}$	gkmhir	211		·			
		7					
	1	te -	e of a member or auth				

Typed or printed name of signee