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(Re	questor's Name)	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations					
R&B OUT	DOOR SERVICES, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
	ondence concerning this matter	Ţ.				
		•				
	ROYCE G BROOKS JR					
Name of Person						
		Firm/Company				
	5185 ELLIS ROAD					
		Address				
	BAKER, FL 32531					
		City/State and Zip Code	 			
	850ROYCE.BROOKS@GI					
	E-mail address: (to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please e	all:				
ROYCE BROOKS		at () <u>612-</u>	4858			
Name o	f Person	at () <u>612-4858</u> Area Code Daytime Telephone Number				
Enclosed is a check for th	ne following amount:					
室 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:				
Registration Section		Registration Section				
Division of Corporations P.O. Boy 6327			Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FILED 2022 MAY 27 PM 3: 05

R&B OUTDOOR SERVICES, LLC

K SERVICES, LLC

SEURE (ARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)-All ASSEE, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	npany were filed on 05/24/2021	and assigned
Florida document number L21000239038		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	em 11	
 If amending the registered agent and/or registered of teent and/or the new registered office address here: 	office address on our records, <u>en</u>	ter the name of the new register
-		
Name of New Registered Agent:		
Now Posistand Office Address.		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	Florida

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

Title	<u>Name</u>	Address	Type of Action
AMBR	TIMOTHY R LEHNEIS	6845 GILLEY RD	□Add
		LAUREL HILL, FL 32567	■Remove
			□Change
			□Remove
	·	□Add	
		□Remove	
		□Change	
			□Add
		□Remove	
		□ Change	
		Remove	
		□Change	
		□Add	
		□Remove	
		□ Change	