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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Creech Services LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Buford J. Creech, Jr. Name of Person Firm/Company 30143 Magnolia Ave. Address Sorrento, FL 32776 City/State and Zip Code creechserviceslle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Burford Creech, Jr. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

FILED

Creech Services LLC

2022 JAN -4 AM 9: 19

( <u>Name of the Lim</u>	ited Liability Compan (A Florida Limited Li	y as it now appears o ability Company)	NOUT PROPERTY TAR	Y OF STAN
The Articles of Organization for this Limited				and assigned
Florida document number L21000437335	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabil	lity company here	:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr	.,	ddress on our reco	ords, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:	Burford J. Creec	h, Jr.		
New Registered Office Address:	30143 Magnolia Ave.  Enter Florida street address			
	Sorrento		, Florida	52776
		City		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.

f Charging 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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

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