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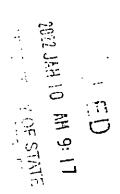
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COVER LETTER

Division of Cor			
SUBJECT: Ro	LLE OUT SER	succe 116	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
, , , , , , , , , , , , , , , , , , ,			
	LEVAR N	1 Roue SR	
		Name of Person	
		Firm/Company	
	4846 Noe	TH UNIVERSITY DRIN	<u>/ε Sυίτ</u> ε 12/
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		City/State and Zip Code	
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For further information co	oncerning this matter, please ca	all:	
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Mailing Address		Street Address:	
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

KOLLOUT SERVICES LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on November 1 2021 and assigned Florida document number 121000473173.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: ROLLE OUT SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address 9 9 9 9 17 9

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□ Add
			□Remove
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			□Change

ote: If	e date, if other than the date of filing: JANUARY 3 ⁶ 2022 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.
ecord s is filed	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 l.
t.s.c1	
ited	Diff.
ted	Signature of a member or authorized representative of a member LEUAL M. ROLLE Typed or printed name of signee

Filing Fee: \$25.00