## h21000488046

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(***	,	<b>,</b>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	

Office Use Only



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2/22/23 VIN # 2022 DEC | 2 PM |2: 22

## **COVER LETTER**

	Registration Se Division of Cos			<i>;</i>
SUBJEC	Payton & F	aisley Services LLC		
SOBJEC	/l:	Name of Lim	ited Liability Company	
			-	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Shawn Davis		
			Name of Person	
		Payton & Paisley Services	LLC	
		<del></del>	Firm/Company	
		375 Peerless St		
			Address	
		Lehigh Acres, FL, 33971		
			City/State and Zip Code	
		paytonandpaisleyservices@	=	
			to be used for future annual re	port notification)
For furth	er information of	concerning this matter, please c	all:	
Shawn D	)avis		239 745- at ()	
	Name o	of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for t	he following amount:		
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration to Control  Registration of Control	Section	<del>-</del>	ress: ion Section of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Payton & Paisley Services LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	i <mark>ny as it now appears on our</mark> Liability Company)	r records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000488046</u> .	were filed on 11/12/202	1	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	lity Company," the designation	on "LLC" or the abbre	
Enter new principal offices address, if applicable:		<u> </u>	22 DE
(Principal office address MUST BE A STREET ADDRESS)			0
	2250	2507 807 807 807	=
Enter new mailing address, if applicable:	375 Peerless St. Lehigh	Acres, FL, 3392, —	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	~~~~
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records	, enter the name o	f the new register
	Enter Florida stree	et address	
	<u> </u>	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my du	ties, and I am fan	illiar with and

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 Changing 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Artishea Davis	375 Peerless St	<b>≡</b> Add
		Lehigh Acres. FL, 33971	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			Change
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			□Remove
			☐ Change
	<del></del>		□Add
			□Remove
			Change
			□Add
			□Change

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Shawn Davis		Signature of a member or authorized representative of a member
	Shawn Davis	

Filing Fee: \$25.00