L22000012511

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COVER LETTER

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Tallahassee, FL 32314

TO:

	gistration Se vision of Cor					
SUBJECT:		ft Services LLC				
Name of Limited Liability Company						
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ondence concerning this matter	to the following:			
		Anna Sharr-Hosack				
			Name of Person			
		Anna's Swift Services LLC				
	Firm/Company					
		13805 87th Street				
			Address			
		Fellsmere, FL 32948				
			City/State and Zip Code	<u> </u>		
		anna@executiveservicepro.				
		E-mail address: (to be used for future annual report not	fication)		
For further i	nformation c	oncerning this matter, please ca	all:			
Anna Sharr-Hosack			772 453-5979			
Name of Person		at ()	e Telephone Number			
Enclosed is	a check for th	ne following amount:				
\$25.00		■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	uiling Addres		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations P.O. Box 6327		Division of Co				
		The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anna's Swift Services LLC			
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited L Florida document number L22000072511	Liability Comp	any were filed on February 14,2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited l	liability company here:	
Executive Service Professionals LLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STREE	ET ADDRESS	2	
Enter new mailing address, if applicable:		N/A	202h
(Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or	registered offi	ce address on our records, enter th	
igent and/or the new registered office addre	ess nere:		9
	N/A		. ω ν
Name of New Registered Agent:	19/73		
New Registered Office Address:			
		Enter Florida street address	
		, Flori	
		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.

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
	At 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	· · · · · · · · · · · · · · · · · · ·

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 605,0207 (3)(b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b record is filed.) The 90th day after the
Dated December 5. 2024. Signature of a member or authorized representative of a member	
Anna Sharr-Hosalk Typed or printed name of signee	

Filing Fee: \$25.00