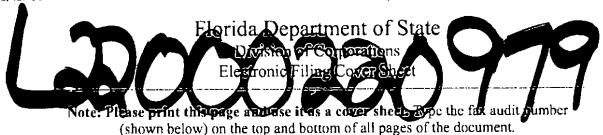
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## **COVER LETTER**

| то:                     | Registration Sec<br>Division of Corp |                                           | •                                                                   | , A S                                                                                               |  |  |  |
|-------------------------|--------------------------------------|-------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|--|
| SUBJEC                  |                                      | ED SERVICES LLC                           | ·•                                                                  |                                                                                                     |  |  |  |
| ∌€ BAE¢                 | .1:                                  | Name of Limite                            | d Liability Company                                                 | <del></del>                                                                                         |  |  |  |
| The encl                | osed Articles of .                   | Amendment and fee(s) are subm             | itted for filing.                                                   |                                                                                                     |  |  |  |
| Please re               | turn all correspo                    | ndence concerning this matter to          | the following:                                                      |                                                                                                     |  |  |  |
|                         |                                      | Cheyenne Moseley                          |                                                                     |                                                                                                     |  |  |  |
|                         |                                      |                                           | Name of Person                                                      | , , , , , , , , , , , , , , , , , , ,                                                               |  |  |  |
|                         |                                      | Legalzoom.com, Inc.                       |                                                                     |                                                                                                     |  |  |  |
|                         |                                      | <del> </del>                              | Firm/Company                                                        |                                                                                                     |  |  |  |
|                         |                                      | 101 N Brand Blvd 11th Fl                  |                                                                     |                                                                                                     |  |  |  |
|                         |                                      |                                           | Address                                                             | <del></del>                                                                                         |  |  |  |
|                         |                                      |                                           |                                                                     |                                                                                                     |  |  |  |
| City/State and Zip Code |                                      |                                           |                                                                     |                                                                                                     |  |  |  |
|                         |                                      | arthurbyer@icloud.com E-mail address: (to | be used for future annual report notiti                             | cation)                                                                                             |  |  |  |
| For furth               | ner information c                    | oncerning this matter, please cal         |                                                                     |                                                                                                     |  |  |  |
| Cheyen                  | ne Moseley                           |                                           | 800 773-0888<br>at ()                                               |                                                                                                     |  |  |  |
|                         | Name o                               | l'Person                                  | Area Code Daytime                                                   | Telephone Number                                                                                    |  |  |  |
| Enclosed                | l is a check for th                  | ne following amount:                      |                                                                     |                                                                                                     |  |  |  |
| □ <b>\$2</b> 5.         | 00 Filing Fee                        | S30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
|                         |                                      | ING ADDRESS:                              | STREET/COURIE Registration Section                                  |                                                                                                     |  |  |  |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A&R UNITED SERVICES LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                                                          |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------|
| (Name of the Limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ed Liability Compar<br>(A Florida Limited L                  | ny as it now appears on our records.)  hability Company)                 |                                             |
| The Articles of Organization for this Limited L Florida document number 1.22000220979                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and assigned                                                 |                                                                          |                                             |
| This amendment is submitted to amend the foll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | owing:                                                       |                                                                          |                                             |
| A. If amending name, enter the new name o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              | ility company here:                                                      |                                             |
| The new name must be distinguishable and contain the o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | vords "Limited Liabil                                        | lity Company," the designation "LLC" or th                               | e abhreviation "L.L.C."                     |
| Enter new principal offices address, if applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              | 1070 Montgomery Rd, #2668                                                |                                             |
| Principal office address MUST BE A STREE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              | Altamonte Springs, Florida 32714                                         |                                             |
| тистра турсе нашем нестем                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                                          |                                             |
| and the state of t |                                                              | 1070 Montgomery Rd, #2668                                                |                                             |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ( RAN)                                                       | Altamonte Springs, Florida 32714                                         |                                             |
| B. If amending the registered agent and registered agent and/or the new registered (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | l/or registered o<br>office address her                      | ffice address on our records, <u>en</u><br><u>e</u> :                    | ter the name of the ne                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                                                          | 2022                                        |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Arthur Byer                                                  |                                                                          |                                             |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1070 Montgon                                                 | nery Rd, #2668  Enter Florida street address                             |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Altamonte Spr                                                |                                                                          | 32714 2 = 5                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              | City                                                                     | Zip Code                                    |
| New Registered Agent's Signature, if changing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                                                                          |                                             |
| I hereby accept the appointment as register<br>provisions of all statutes relative to the pro-<br>accept the obligations of my position as reg-<br>being filed to merely reflect a change in the<br>company has been notified in writing of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | per and complete<br>fistered agent as<br>e registered office | e performance of my atates, and re-<br>provided for in Chapter 605, F.S. | Or, if this document is c limited liability |

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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 |
|--------------|-------------------|---------------------------------------------------------------|----------------|
| AMBR         | Arthur I. Byer Jr |                                                               | Add            |
|              |                   |                                                               | □ Remove       |
|              |                   | 1070 Montgomery Rd, #2668<br>Altamonte Springs, Florida 32714 | ■ Change       |
| AMBR         | Roslyn C Byer     |                                                               |                |
|              |                   |                                                               | □ Remove       |
|              |                   | 1070 Montgomery Rd, #2668<br>Altamonte Springs, Florida 32714 | ☐ Change       |
|              |                   |                                                               |                |
|              |                   |                                                               | ☐ Remove       |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if nacessary.)                                                                                                                                                                                                                                                                                                          |                  |
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| 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 filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. | 0207 (<br>d as t |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie<br>) The 90th day after the record is filed.                                                                                                                                                                                                                                                          | r of:            |
| Dated August 5 <sup>th</sup> . 2022                                                                                                                                                                                                                                                                                                                                                                         |                  |
| Dated Flugust 5th . 2022.  Rodin By  Stenature of a member or authorized representative of a member                                                                                                                                                                                                                                                                                                         |                  |
| Roslyn C Byer                                                                                                                                                                                                                                                                                                                                                                                               |                  |
| Typed or printed name of sugnee                                                                                                                                                                                                                                                                                                                                                                             |                  |

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