L22000240402

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COVER LETTER

Registration Section

TO:

Division of Corpo	orations		
SUBJECT:	A & S Ne 3	Services LLC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Anto	Name of Person	
		Firm/Company	
	10905 94	rple Mertin bivd	Riddoren D
	[-	Civer View Fl	33579
	ANS me E-mail address: (t	City/State and Zip Code 11 Fi T Cloud. Co o be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca		
Summer W Name of	Person	at (<u>305</u>) <u>510</u> Area Code Daytim	2675 Telephone Number
Enclosed is a check for th	e following amount:		
N \$25.00 Filing Fee	□ \$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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARS Neal Service	es LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 22000240402</u>	rere filed on <u>5 /2 4/22</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abl	breviation "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 a agent and/or the new registered office address here:	ddress on our records, enter the nam	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida	9 AH 10
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		1.1 &

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:

MCR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address -	Type of Action
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cen 12/	1/220			 	
					
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tive date, if other	than the date of file	ing:	e prior to date of filing or	more than 90 days	optional) safter filing.) Pursuant to 605. s. this date will not be liste
: If the date inserted	d in this block does not e on the Department c	ot moot the a	ippiicable statetory in	ng requirement	s, this date will not be liste
filed.					of: (b) The 90th day after
: 12/19/	22		or authorized representati		
<u>}</u>	Intwom	mese		post of the symmetries	
	Signature c	if a member c	ON VER	ve or a intimost	

Filing Fee: \$25.00