L22000240402

(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer.	

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of 8/12/2023

COVER LETTER

TO:	Registration Se Division of Cor			
\$110 1E7		Services, LLC	٠.	•
SUBJEC	∍1 <i>:</i>	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Summer Williams		
			Name of Person	
		A&S Neal Services, LLC		
			Firm/Company	
		10905 Purple Martin Blvd		
			Address	
		Riverview, FL 33579		
			City/State and Zip Code	
		Summer, L.Williams777@g	gmail.com to be used for future annual report notifi	cation
For furth	er information c	oncerning this matter, please c	•	· · · · · · · · · · · · · · · · · · ·
Antwon	Neal		305 518-9935 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	Lis a check for th	ne following amount:		
■ \$25.	00 Filing Fee	S30.00 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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&S Neal Services, LLC

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Name of the Lim	rited Liability Company as it now a (A Florida Limited Liability Comp	uppears on our records.)
The Articles of Organization for this Limited Florida document number 1.22000240402		
This amendment is submitted to amend the fo	Howing:	
A. If amending name, enter the new name	of the limited liability compar	ny here:
he new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE</u>	<u></u>	
3. If amending the registered agent and/or gent and/or the new registered office addr	ess here:	our records, <u>enter the name of the new regist</u> e
Name of New Registered Agent:	Summer Williams	
New Registered Office Address:	10905 Purple Martin Blvd.	
	Ente	er Florida street address
	Riverview	Florida ³³⁵⁷⁹
	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.

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

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