## 122000404982

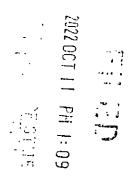
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration So Division of Co			
CHD IE/		beat Services, LLC		
SUBJEC	ω1: <u> </u>	Name of Lim	ited Liability Company	<u> </u>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Allen K Dennison		
			Name of Person	<u></u>
		J and A Bobeat Services, I	.LC	
		1	Firm/Company	-
		1116 Caballero Road		
			Address	÷···
		Ocoee. FL 34761		
		jandabobcatservices@gmai	City/State and Zip Code lcom to be used for future annual report noti	fication)
For furth	ner information o	concerning this matter, please c		
Pamela	Dennison		407 405-1815	
	Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>■</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		<u>Street Address:</u> Registration Se	
	Division of C P.O. Box 632		Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J and A Bobcat Services, LLC

company has been notified in writing of this change.

2022 OCT | | PH |: 09

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A Florida Lim	nited Liability Company)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000404982</u> .	pany were filed on $\frac{09/16/2}{2}$		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our reco	rds, <u>enter the i</u>	name of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida :	street address	
		, Florida	Zip Code
	· · · · · ·		Zip Code
New Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Age	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen	plete performance of my	duties, and I a	ım familiar with and

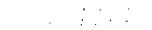
being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	<u>Name</u>	Address	Type of Action
AMBR	Jason A Dennison	Fi16 Caballero Road	
		Ococe, FL 34761	□Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			🔲 Remove
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			Change
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			Remove
			Change



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er4:1 .4	- :F					(optional)	
<b>Sote:</b> If the d	e, if other than the ate is listed, the date mu late inserted in this b Tective date on the E	lock does not	meet the appli	cable statutory f	r more than 90 da iling requireme	ays after filing.) Pu	rsuant to 605,0207 I not be listed as
record specif d is filed.	fies a delayed effectiv	ve date, but no	ot an effective	time, at 12:01 a.	m. on the earlie	er of: (b) The 9	0th day after the
Octobo	er 05		2022				
			W				
			- ///\/				
_		Signature of a	member or aut	norized representa	tive of a member	,	

Filing Fee: \$25.00