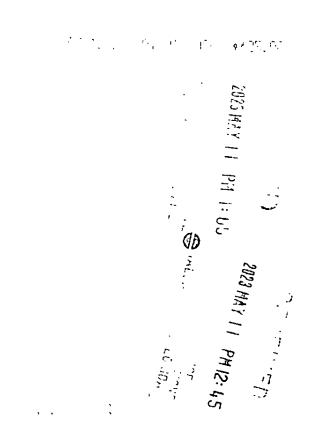
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PICK-UP	WAIT MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SERVICES LLC  Name of Limited/Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marty L Russ Name of Person
Firm/Company
18Whirlaway Dr
Palm Cust, FL 32164 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marty LRuss at (270) 315-7212  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IMAJ SEKVI	CES, LLC . WARE IT PRITE US
(Name of the Limited Liability Com (A Florida Limited	nany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number 123500073362	1 11 1 1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18 Whirlaway Dr
(Principal office address MUST BE A STREET ADDRESS)	Palm Coast FL 32164
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18 Whirlaway Dr. Palm Coast/FL 32164
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	ser Box Accounting Services Inc
New Registered Office Address: 15/3	Enter Florida street address
Dayti	Ona Poch Florida 32117  City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<b>t:</b>

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Timothy MRuss	7901 4th St N, Ste 3	<u>(X)</u> □Add
		St. Petersburg, FL	Remove 70 L
			□Change
MGR	Marty L Russ	79014th SN, Ste 3	DD □Add
		St. Petersburg. FL	702 Remove
			□Change
AMBR	Marty L Russ	18 Whirlaway Dr	
		Palm Coast, FL 32	]   □Remove
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