## 123000131776

(Re	questor's Name)	
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PICK-UP		MAIL
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(Do	cument Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
CLUB STICES	Services LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Patrick Schlachter		
	<u> </u>	Name of Person	
		Firm/Company	
	54 Ethelyn Dr		
	West Palm Beach, FL 334	Address	
		City/State and Zip Code	
	Patrickschlachter 1994@gm	•	
	E-mail address: (	to be used for future annual	i report notification)
For further information of	concerning this matter, please co	all:	
Patrick Schlachter		561 77	74-5852
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Mailing Addre			Address:
Registration Division of O			ration Section on of Corporations
P.O. Box 63:		The Co	entre of Tallahassee
Tallahassee,	FL 32314	2415 N	N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAI'LAN SERVICES ELU		
(Name of the Lim	ulted Liability Company as it now appears on a (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{03/14/20}{1}$	223 and assigned
Florida document number L23000131726		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
N/A		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	ition "LLC" or the abbreviation "L.L.C."
E. A	: <b>L-L</b>	
Enter new principal offices address, if appli		
<u>(Principal office address MUST BE A STRE</u>	ET ADDRESS)	
	<del></del>	
		.*
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	F POY	
Manny dairess MAT BE AT OST OFFICE		
		,
B. If amending the registered agent and/or agent and/or the new registered office addr		is, enter the name of the new registere
agent and of the new registered office addr	ess nere.	
Name of New Registered Agent:	N/A	
<del>-</del>		
New Registered Office Address:	Enter Florida st	
	Enier Pioritia Sii	cer mures
		, Florida
	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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

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
MGR	Patrick Schlachter	54 Ethelyn Dr, West Palm Beach FL, 33415	□ Add
			□Remove
			<b>=</b> Change
			□ Add
			□Remove
			□Change
			□ Add
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Effective date, if other than the	st be specific and cannot be j	prior to date of filing or more	(options to than 90 days after fili- requirements, this day	ng.) Pursuant to 605.0207
Note: If the date inserted in this b	enartment of State's reco	ords.	•	
Note: If the date inserted in this b' document's effective date on the D	oparment of blace ( less			
Note: If the date inserted in this b' document's effective date on the D record specifies a delayed effective		ve time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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