123000214534

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05/17/23--01004--010 *∙25.00



COVER LETTER

TO: Registration Sec Division of Corp		• •	
SUBJECT: A &	Bat war sei	CVICES LLC ted Liability Company	,
Jobsber	Name of Limit	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Andre	Name of Person	
	# & B	at your services Firm/Company	LLC
		unn ave STE 4# Address	
	Ja	CKSONVILLE FL, 32	218
	. .	9 @ Icloud Com to be used for future annual report notif	
For further information co	oncerning this matter, please ca	all:	
Andre Name o	Bell f Person	at (904) 755 - Area Code Dayrim	4906 e Telephone Number
Enclosed is a check for the	ine following amount:		
		Descoon William Goods	☐ \$60.00 Filing Fee,
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	55:	<u> Street Address:</u>	
Registration :		Registration Se	
Division of C		Division of Co	-
P.O. Box 632	27	The Centre of 1	ramanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AOR at Vaur cornires 110

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L23000214534</u>	mpany were filed on 5-1-2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
A& B At Your Ser	vices LLC
the new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1036 Dunn ave STE 4# ESSS) Jacksonville FL, 32218
(Principal office address MUST BE A STREET ADDRE	ess) Jacksonville FL, 32218
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	Indre N. Bell
New Registered Office Address: 5'	766 Royo Hy Rd Enter Florida street address
	Ja y Florida 32254 Zin Code
	ząr couc

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.

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Heith L Brown	1233 Rhode Island DR	<i>.(L)</i> _ □Add
		Jax, FL, 32209	Remove
			□Change
MGR Andre N. B	Andre N. Bell	_5766_RoyaHy Rd	72Add
		5766 Boyatty Rd Dax, FL, 32254	□ Remove
			[]Change
			□Add
			□Remove
			□Change
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			□Remove
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			🗆 Change
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			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>-</u>	
	-
_	
(If an effect Note: If	e date, if other than the date of filing:
the record s cord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated ,	Mari 17,2023
_2	May 17, 2023 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Andre M. Be // Typed or printed name of signee

Filing Fee: \$25.00