

L23000283388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

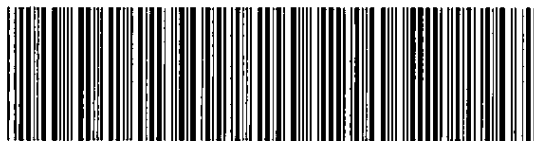
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**JAN - 4 2023**

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2023 JAN 13 10:40

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GET SERVED 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:

ETHAN Q BEHR  
Name of Person  
GET SERVED LLC  
Firm/Company  
1601 SW 27TH AVENUE APT 1002  
Address  
OCALA FL 34471  
City/State and Zip Code  
GETSERVEDLLC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ETHAN Q BEHR 813 990-9139  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

23 JUN 12 2023  
1:13:04 PM

GET SERVED LLC

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 12, 2023 and assigned  
Florida document number L23000283388.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1601 SW 27TH AVENUE APT 1002

OCALA FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1601 SW 27TH AVENUE APT 1002

OCALA FL 34471

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1601 SW 27TH AVENUE APT 1002

*Enter Florida street address*

OCALA

*City*

, Florida 34471

*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.*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KEELIN MORRIS	13813 NE 136TH LOOP	<input type="checkbox"/> Add
		LADY LAKE FL 32159	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HARRY BEHR JR	1601 SW 27TH AVENUE APT 15-1502	<input checked="" type="checkbox"/> Add
		OCALA FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ETHAN BEHR	1601 SW 27TH AVENUE APT 1002	<input type="checkbox"/> Add
		OCALA FL 34471	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	EVAN J PEPE	10753 SE 45TH AVENUE	<input type="checkbox"/> Add
		BELLEVIEW FL 34420	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** DECEMBER 4 2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 4, 2023

Signature of a member or authorized representative of a member

ETIHAN Q BEHR

Typed or printed name of signee