L23000398724

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Basiliess Elitty Name)	
(Document Number)	
(Document Number)	
Configuration of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



200436740742

09/19/24--01011--004 **25.00

2024 SEP 19 PN 4: 48 SECRETARY (1 STATE

COVER LETTER

4.

Tallahassee, FL 32314

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Cassidy F. Porning to Name of Person Allew action Services 11 C Firm/Company ZHOO Carry Load 214 Address CityState and 7tp Code Cassidy F. Porning to Company Address CityState and 7tp Code Cassidy F. Porning to Company Address CityState and 7tp Code Cassidy Reminy to Company to Company report notification) For further information concerning this matter, please call: Cassidy Reminy to Cassidy Ferson Area Code Daytine Telephone Number Cartificate of Status Certificate of Status Certificate Copy (additional copy is melowet) Mailing Address: Registration Section Registration Section	TO: Registration Se Division of Cor		•	
Cassidy F. Perminston Allew Cation Services 11 C Pirm/Company 2400 Caunty Land 214 City/State and Zip Code Cassidyerin feminator (Companies Companies C	SUBJECT: All		MICES UC	
Cassidy F. Permington Name of Person Allew Cation Services 11 C Firm/Company 2400 County Load 214 City/State and Zip Code Cassidyerin femington Depmail Com Finail address: (to be used of future annual report notification) For further information concerning this matter, please call: Cassidy Remington at 352 Name of Person at 352 Daytime Telephone Number Cartificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Mailing Address: Street Address:				
Cassidy F. Planning to Name of Person Allew Cation Services 11 C Firm/Company 2400 Canny Road 244 City/State and Zip Code Cassidy erin feming fon Demail com Femail address: (to be used of future anning report notification) For further information concerning this matter, please call: Cassidy Reming for Area Code Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Mailing Address: Street Address:	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Allewation Services 11 C Firm/Company 2400 County Road 214 Address OXFOX A. FL. 34484 City/State and Zip Code CqSS idyerin Ceminy fon Cegmail. Com Email address: (to be used for future annual report notification) For further information concerning this matter, please call: Cassidy Reminy for at 352, 501-0701 Name of Person at 352, 501-0701 Area Code Daytime Telephone Number Enclosed is a check for the following amount: A \$25.00 Filing Fee Scattified Copy (additional copy is enclosed) Mailing Address: Mailing Address: Street Address:	Please return all correspo	ndence concerning this matter	to the following:	
Firm/Company 2400 Caurty Road 214 City/State and Zip Code Cassidy Reminston (Rymai). Com Family address: (to be used for future annual report notification) For further information concerning this matter, please call: Cassidy Reminston Area Code The following amount: Cassidy Reminston The following amount: Cassidy Reminst		Cassidy F	Name of Person	<u> </u>
Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Scrifficate of Status Certificate of Status Mailing Address: Street Address:		Allewatio	A Sexuices U.C. Firm/Company	<u> </u>
Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Scrifficate of Status Certificate of Status Mailing Address: Street Address:		2460 ca	nty Road 214	ZUZU S.
Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Scrifficate of Status Certificate of Status Mailing Address: Street Address:		_OXFOX d, F	-L, 34484	F 19
Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Scrifficate of Status Certificate of Status Mailing Address: Street Address:		Cassidyerin	City/State and Zip Code (eminy ton (egmai)	1. com
Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Street Address:	For further information co			training the second sec
\$25.00 Filing Fee Solution Status Street Address: \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$30.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	Cassidy K	eming ton		Telephone Number
\$25.00 Filing Fee Solution Status Street Address: \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$30.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	Enclosed is a check for the	ne fallowing amount:		
	6 .	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
				tion
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alleviation Services Uc

(A Florida L	imited Liability Company)	our recinas,
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000398724</u>	J	St 74th 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		2024 SEC
		ALL SE
Enter new mailing address, if applicable:		P P
(Mailing address MAY BE A POST OFFICE <u>BOX)</u>		-
		men =
		77.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	street address
		, 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 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> AMBR	Name William F. Stiles	Address P.O. Box 5/05/	Type of Action
THENT	fulliant 1. Sing	P.O. Box 565/ Ocala, FL 34478	□Remove
			□Change
			□Add
			□Remove
			200change SECRET
			 □ \ \ddd
			Remove
			© Change
			□Add
		 -	□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□ Change

	
	2014 SEC
	SE SE
	19
	PI PI
	F10: =
	3 3 5
	
ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or n. If the date inserted in this block does not meet the applicable statutory filinent's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3 arg requirements, this date will not be listed as the
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. led.	on the earlier of: (b) The 90th day after the
September 17th, 2024.	
Signature of a member of authorized representative	e of a member

Filing Fee: \$25.00