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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/29/23--01021--018 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A +0 7 Land Services, UC 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:
Walter L. Tindell, III
A to 7 Lord Sorvices, LLC
1164 Altmon La Address
Labelle FL 33935 City/State and Zip Code
E-mail address: (to bassed for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{9/7/23}{}$ and assigned
Florida document number
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)
Timelput Office address 2001 BE 71 STREET 71 DERESSY
Enter new mailing address, if applicable:
*
(Mailing address MAY BE A POST OFFICE BOX)

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:
Nov. B. wist and Office A. Address.
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 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 Name **Address** Type of Action AMBR Walter L.
Tining 11, N 1164 Altmonth DAdd

LaBelle, FL 33935 Remove _____ □Change ______ Remove _____ □Change _____ □Remove _____ □Change ______ □Remove _____ □ Change □Remove

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ın effe ote:	ye date, if other than the date of filing: 9/-/- (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (fling.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecore is fil	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 ed.
ted _	9/24/23 Walth January of a member or authorized representative of a member
	Well To Yell to
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00