

123000440136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

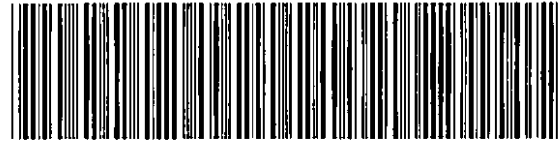
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE  
NOV 14 2024

Office Use Only



500439050615

FILED  
2024 NOV 13 PM 12:44  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

FILED  
2024 NOV 13 AM 11:28  
TALLAHASSEE, FL



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Ben Bolen  
Ext:  
Date: 11/13/24  
Order #: 1677930-1  
Re: Services Capital FIV LLC  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Ben Bolen", is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Articles of Amendment to Articles of Organization  
Amount to be deducted from our State Account: \$25 - FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.


**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**

[illegible]

[illegible]

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.

  
Signature of a member or authorized representative of a member

DAVID BRODY  
Typed or printed name of signee