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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 : (888)462-3453 Phone

Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: EFILE1234@INCFILE.COM



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERKINS PERSONAL SERVICES LLC

Certificate of Status	0
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Page Count	05
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Help

**COVER LETTER** TO: Registration Section Division of Corporations PERKINS PERSONAL SERVICES LLC SUBJECT: 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: TOVELLE DORSON LO SEQUE: Name of Person Firm/Company 17350 STATE HWY 249 STE 220 :: Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE-DØBSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S60.00 Filing Fee,

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status & Certified Copy

(additional copy is enclosed)

6/26/2024 09:44:19 CDT

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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lt i	٠,	ARTICLES OF ORGANIZATION	
<u> </u>	•	OF	
_,	<del></del>	PERKINS PERSONAL SERVICES LLC	
		(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
√. 		11/09/2022	
	·	Organization for this Limited Liability Company were filed on 11/08/2023	and assigned
Floric	la document	t number 1.23000507651	
This	amendment i	is submitted to amend the following:	
A. If	amending	name, enter the new name of the limited liability company here:	
		SERVICES BY MICHAEL LLC	
The ne	ew name must t	be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter	r new princi	ipal offices address, if applicable:	
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(Mail	ling address	MAY BE A POST OFFICE BOX)	<u>→ • • • • • • • • • • • • • • • • • • •</u>
	, .,		<u>도 원</u>
B. If	amending t Land/or the	the registered agent and/or registered office address on our records, <u>enter the new registered office address here:</u>	ame of the new registered
uzen	In	The registered write addition here.	
1344		ENL. Designated Assessed	•
1	ivame of	f New Registered Agent:	
	New Re	egistered Office Address:	
<b>;</b> ,		Enter Florida sweet address	
	* 1	, Florida	
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New 1	Registered A	gent's Signature, if changing Registered Agent:	
provi accep being	isions of all of the obliga gfiled to me	the appointment as registered agent and agree to act in this capacity. I further statutes relative to the proper and complete performance of my duties, and I a ations of my position as registered agent as provided for in Chapter 605, F.S. Grely reflect a change in the registered office address. I hereby confirm that the en notified in writing of this change.	om familiar with and Or, if this document is
1 -	. 387	If Changing Registered Agent, Signature of New	Registered Agent

324.0

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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>	Address	Type of Action
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			□Remove
		<del></del>	
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Signature of a member or authorized representative of a member  Michael Perkins  Typed or printed name of signee	:		
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