# L24 000 405 124

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lobbs Services	LUC	,		
(Name of the Limited (A.F.	iability Compa Torida Limited I	ny as it now appears ( liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil	lity Company	were filed on <u>N</u>	ovemberl	2 and assigned
ne Articles of Organization for this Limited Liability Company were filed on November Land assigned orida document number Land Liability Land assigned orida document number Land Liability Land Liability Company here:  If amending name, enter the new name of the limited liability company here:  In ter new principal offices address, if applicable:  Inter new mailing address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered				
his amendment is submitted to amend the following:  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 "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:				
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			<del></del>
				<del></del>
		address on our rec	eords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florid		
_		City	, Florida	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

# **COVER LETTER**

Division of Corporations	
SUBJECT: Subject: Survices UC Name of Limited Liability Company	<u>_</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
The enclosed fathers of fathernament and rec(s) are successful.	
Please return all correspondence concerning this matter to the following:	
Paul A. Gbbs, Sor Name of Person	
Golds Survices, LLC	
Firm/Company	
TimeCompany	
663 & Fletcher AVe	<del></del>
Fernandina Beach Fr City/State and Zip Code by bbs 190 att. net E-mail address: (tobe used for future annual report	32034
For further information concerning this matter, please call:	
Elizabeth B Globs at (964) 86  Name of Person Area Code Da	sytime Telephone Number
Enclosed is a check for the following amount:	
Z \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

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>	Type of Action
AMBL	Helm E. Allen	4940 Eulace RO	√Add
		JACKSMUILLY FO 322	<u>∫                                    </u>
			Change
	<del></del>		□Add
			□Remove
			□Change
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			□ Change

an effecti Note: If	tate, if other than the date of filing:	0207 ( d as t
record s d is filed.	ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated		
	Shirt AMI -	
	Signature of a member or authorized representative of a member  The stable of a member of signer and a reject frame of signer	

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