

L07000016337



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09/28/11--01014--004 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SEP 30 2011

EXAMINER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 28 AM 10: 04

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Payroll Plus Business Solutions, LLC
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:

Gary L Tortora, Managing Member
Name of Person
AmeriFed Business Solutions, LLC
Firm/Company
900 East Ocean Blvd, Suite D-130
Address
Stuart, FL 34994 - 3501
City/State and Zip Code
Gary@PayFl.com
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
11 SEP 28 AM 10:04

For further information concerning this matter, please call:

Gary L Tortora at (**772**) **403-2329**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 28 AM 10:04

Payroll Plus Business Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 12, 2007 and assigned Florida document number L07000016337.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AmeriFed Business Solutions, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

900 East Ocean Blvd

(Principal office address MUST BE A STREET ADDRESS)

Suite D-130

Stuart, FL 34994 - 3501

Enter new mailing address, if applicable:

900 East Ocean Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Suite D-130

Stuart, FL 34994 - 3501

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:

Gary L Tortora (same)

New Registered Office Address:

900 East Ocean Blvd, Suite D-130

Enter Florida street address

Stuart

Florida

34994 - 3501

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

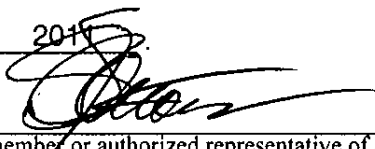
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	NA		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

Dated September 23, 2014



Signature of a member or authorized representative of a member

Gary L Tortora, Managing Member

Typed or printed name of signee