

L10000126439

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 18 2014

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Paralegal Staff Support, LLC
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremy Marcus
Name of Person

Paralegal Support Group, LLC
Firm/Company

150 East Palmetto Park Rd. Suite 800
Address

Boca Raton, FL 33432
City/State and Zip Code

misssterlingrobinson@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Marcus at (561) 779-0133
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

Paralegal Staff Support, 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 12/09/2010 and assigned Florida document number L10000126439

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 end with 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)

150 East Palmetto Park Rd
Suite 800
Boca Raton, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 East Palmetto Park Rd.
Suite 800
Boca Raton, FL 33432

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida
City Zip Code

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TAMPA

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

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

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/11/14 . _____

Signature of a member or authorized representative of a member

Jeremy Marcus
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Limited Liability Company

PARALEGAL SUPPORT GROUP LLC

Filing Information

Document Number	L10000126439
FEI/EIN Number	274286400
Date Filed	12/09/2010
State	FL
Status	ACTIVE
Effective Date	12/04/2010
Last Event	LC NAME CHANGE
Event Date Filed	08/05/2014
Event Effective Date	NONE

Principal Address

260 SW Natura Avenue
Deerfield Beach, FL 33441

Changed: 04/29/2014

Mailing Address

260 SW Natura Avenue
Deerfield Beach, FL 33441

Changed: 04/29/2014

Registered Agent Name & Address

PARALEGAL PARTNERS, MRGM
260 SW Natura Avenue
Deerfield Beach, FL 33441

Name Changed: 02/09/2012

Address Changed: 04/29/2014

Authorized Person(s) Detail

Name & Address

Title PTNR

PARALEGAL STAFF SUPPORT PARTNERS

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TALLAHASSEE, FLORIDA

260 SW Natura Avenue
Deerfield Beach, FL 33441

Title MRGM

MARCUS, JEREMY
260 SW Natura Avenue
Deerfield Beach, FL 33441

Annual Reports

Report Year	Filed Date
2012	02/09/2012
2013	04/12/2013
2014	04/29/2014

Document Images

<u>08/05/2014 -- LC Name Change</u>	View image in PDF format
<u>04/29/2014 -- ANNUAL REPORT</u>	View image in PDF format
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<u>02/09/2012 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/17/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>12/09/2010 -- Florida Limited Liability</u>	View image in PDF format