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## **COVER LETTER**

NTERCO/	ASTAL PAYROLL SOLUTIO	NS II, LLC.		
	Name of Lim	ited Liability Company		
Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:    JOHN DIAL				
II correspoi	ndence concerning this matter	to the following:		
enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:  JOHN DIAL  Name of Person  INTERCOASTAL PAYROLL SOLUTIONS, LLC.  Final/Company  3802 CROSSROADS PARKWAY  Address  FORT PERICE, FL 34945  City/State and Zip Code  john@ipspeo.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  fany Ross  Name of Person  Area Code  Daytime Telephone Number  losed is a check for the following amount:  \$255.00 Filing Fee  Certificate of Status & Certificat Copy  cadditional copy is enclosed)  Certificate of Status & Certificat Copy  (additional copy is enclosed)				
		Name of Person		
	INTERCOASTAL PAYRO	OLL SOLUTIONS, LLC.		
		Firm/Company		
3802 CROSSROADS PARKWAY				
		Address	11 ···	
	FORT PERICE, FL 34945			
		City/State and Zip Code		
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Name of	Person	Area Code I	Daytime Telephone Number	
check for th	e following amount:			
ing Fee		Certified Copy	Certificate of Status & Certified Copy	
	Articles of z  Il correspon  Name of	Name of Lim  Articles of Amendment and fee(s) are sub- Il correspondence concerning this matter  JOHN DIAL  INTERCOASTAL PAYRO  3802 CROSSROADS PAR  FORT PERICE, FL 34945  john@ipspeo.com  E-mail address: (i)  ormation concerning this matter, please contents of Person  wheek for the following amount:  ing Fee  \$30.00 Filing Fee &	Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  Il correspondence concerning this matter to the following:  JOHN DIAL  Name of Person  INTERCOASTAL PAYROLL SOLUTIONS, LLC.  Firm/Company  3802 CROSSROADS PARKWAY  Address  FORT PERICE, FL 34945  City/State and Zip Code  john@ipspeo.com  E-mail address: (to be used for future annual reportation concerning this matter, please call:  Name of Person  Area Code  Theck for the following amount:  ting Fee  \$30.00 Filing Fee & Certified Copy	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERCOASTAL PAYROLL SOLUTIONS II, LLC.

(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li Florida document number $\frac{111000092403}{11000092403}$	ability Company	were filed on AUG 11, 2011	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
ATLANTIC PAYROLL PARTNERS II, LLC.				_
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		3802 CROSSROADS PARKWAY		
		FORT PIERCE, FL 34945	5. 二	-
	<u></u>		8 8	11
Enter new mailing address, if applicable:		3802 CROSSROADS PARKWAY	- W	in in
If amending name, enter the new name of the limited liability company here:  LANTIC PAYROLL PARTNERS II. LLC.  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  3802 CROSSROADS PARKWAY  FORT PIERCE, FL 34945  er new mailing address MUST BE A STREET ADDRESS)  for new mailing address, if applicable:  3802 CROSSROADS PARKWAY  FORT PIERCE, FL 34945  FORT PIERCE, FL 34945  If amending the registered agent and/or registered office address on our records, enter the name of the mistered agent and/or the new registered office address here:  Name of New Registered Agent:  N/A	0			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-
			r the name of the	<u>new</u>
Name of New Registered Agent:	N/A			<b></b>
New Registered Office Address:	N/A			
Enter new principal office address MUST BE A STREET ADDRESS)  FORT PIERCE, FL 34945  Solution and 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:  N/A	-			
		, Florida		
				-

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 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
	N/A		Add
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(If an ef Note:	tive date, if other than the flective date is listed, the date in listed in this ment's effective date on the flective date.	must be specific and cannot block does not meet the	ne applicable statuto	ing or more than 90 days afte	r filing.) Pursuant to 605.020	
	cord specifies a delay e 90th day after the r		but not an effe	ctive time, at 12:01	a.m. on the earlier o	f:
Dated	i					
				/		
		1./-	(A) 1	entative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00