# L13666178137

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





## 100258383591

06/26/14--01035--002 \*\*17.50

04/03/14--01009--011 \*\*43.75



April 9, 2014

LYNETTE PATZKE 1075 W MORSE BLVD WINTER PARK, FL 32789

SUBJECT: FRONTLINE COMMERCE SOLUTIONS LLC

Ref. Number: L13000178137

We have received your document for FRONTLINE COMMERCE SOLUTIONS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 414A00007590

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FRONTLIN	E COMMERCE S	SOLUTIONS LLC
DOCUMENT NUME	BER: L1300017813	7	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Lynnette Patzke		
	<u> </u>	Name of Contact Person	
	Khoury Consulting,	, Inc. dba Frontline	Performance Group
·	1075 W. Morse B	Firm/ Company	
	1075 VV. WIOISE D		
	Winter Park, FL 3	Address 32789	
·		City/ State and Zip Code	<del></del>
	E-mail address: (to be us concerning this matter, pleas	sed for future annual report r	notification)
Lynnette Patz	zke	a. (407	682-3434
Name o	f Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depar	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Indicate of Corporations Box 6327 hassee, FL 32314	Divisior Clifton I 2661 Ex	Address nent Section n of Corporations Building secutive Center Circle ssee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 March 13,2014 and assigned

Florida document number 13000178137.

This amendment is submitted to amend the following:

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

NAT

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Frontline

Name of New Registered Agent:

New Registered Office Address:

#### 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

N

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>	Address	Type of Action
AMBR	Zlad Khoury	1075 W. Morse Blud	XAdd
	J	Winter Park, FL	Remove
		32789	<del></del>
AMBR	Geoff Toffeth	1075 W. Morse Blud.	_ <b>S</b> Add
		Winter Park, FL	Remove
		32789	<del></del>
A <u>MBR</u>	Bernard Sheehe	1075 W. Morse Blud	<u>.</u> ≱ <b>Z</b> Add
		Winter Park, FL	□ Remove
	Knoury Consulting Inc.	32789	_
MGR_	Performance Group	1075 W. Morse Blvd	_ <b>∖</b> X_Add
	•	Winley Park F1	□ Remove
		32789	
			_□ Add
			Remove
			_
			_□ Add
			_□ Remove

<u> 10</u>	/ 17:
	· · · · · · · · · · · · · · · · · · ·
ne effectiv	date, if other than the date of filing:  e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after show the Florida Department of State)  (optional)
ne effectiv he date this	date, if other than the date of filing:  e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
he effectiv	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00