

LO20000 24678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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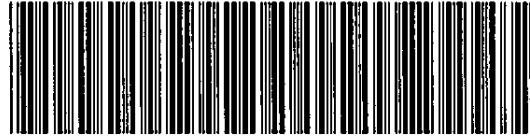
(Business Entity Name)

(Document Number)

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APR 16 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAYROLL SOLUTIONS SERVICES, 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:

GREGORY M. ARNOLD

Name of Person

PAYROLL SOLUTIONS SERVICES, LLC

Firm/Company

314 EAST CLIFTON STREET

Address

TAMPA FLORIDA 33604

City/State and Zip Code

GREG.ARNOLD@CORNERSTONE.BROKERAGE.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGORY ARNOLD

813 541-3514

at (_____) _____

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**

PAYROLL SOLUTIONS SERVICES, 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 09/17/02 and assigned Florida document number L02000024078.

This amendment is submitted to amend the following:

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

CORNERSTONE PAYROLL 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:

(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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

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>
AMBR	CURTIS DONOVAN	4600 PITCHING WEDGE WAY	<input type="checkbox"/> Add
		SEBRING FLORIDA 33872	<input checked="" type="checkbox"/> Remove
AMBR	CORNERSTONE BRKG.	212 WEST ROUTE 38	<input type="checkbox"/> Add
		SUITE 700	<input checked="" type="checkbox"/> Remove
		MOORESTOWN NJ 08057	
MGR	GREGORY ARNOLD	314 EAST CLIFTON STREET	<input type="checkbox"/> Add
		TAMPA FLORIDA 33604	<input checked="" type="checkbox"/> Remove
MGR	RONALD HODGE	33 WOODTHRUSH TRAIL EAST	<input checked="" type="checkbox"/> Add
		MEDFORD NEW JERSEY 08055	<input checked="" type="checkbox"/> Remove
AMBR	GREGORY ARNOLD	314 EAST CLIFTON STREET	<input checked="" type="checkbox"/> Add
		TAMPA FLORIDA 33604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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 FEBRUARY 15, 2015



Signature of a member or authorized representative of a member

GREGORY M. ARNOLD



RONALD L. HODGE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 MAR 25 AM 11:00
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA