

L0400000T816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

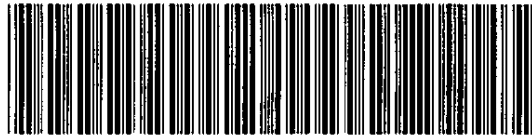
(Business Entity Name)

(Document Number)

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04/23/09--01017--016 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY - 7 AM 9:51

T. HAMPTON

MAY - 8 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CompReview, 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:

Scott Clemens
(Name of Person)

Total Deposition Support Services
(Firm/Company)

1650 Overlook Rd.
(Address)

Longwood, FL 32750
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Clemens at (407) 620-0143
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAY -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 24, 2009

SCOTT CLEMENS
1650 OVERLOOK RD
LONGWOOD, FL 32750

SUBJECT: COMP REVIEW LLC
Ref. Number: L04000007816

We have received your document for COMP REVIEW LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 009A00013928

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Comp Review 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 1-29-04 and assigned
Florida document number LD04000007816

This amendment is submitted to amend the following:

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

Total Deposition Support Services 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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DIVISION OF CORPORATIONS
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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:

N/A

New Registered Office Address:

(Enter Florida street address)

_____, Florida

(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.

N/A

(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>
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NA

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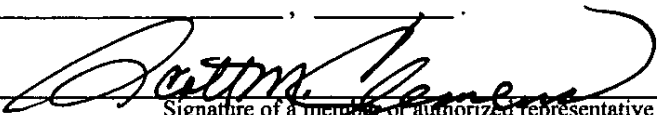
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY - 7 AM 9:51

Dated _____


Signature of a member or authorized representative of a member
Scott M. Clemens
Typed or printed name of signee