## L04000096610

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DOMEST AND THE DESTRATE

R. HUNT

## **COVER LETTER**

Division of Co			
GC SUBJECT:	VERNMENTAL MANAGEM	IENT SERVICES, L.L.C.	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
	oondence concerning this matte	-	
	KURT ZIMMERMAN		<u> </u>
		Name of Person	
	ZIMMERMAN & ASSO	CIATES	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		Firm/Company	SC A
	2400 E. COMMERCIAL	BLVD., SUITE 820	7: 18
		Address	
	FORT LAUDERDALE, I	FL 33308	
		City/State and Zip Code	
	KURT@ZIMMERMANL		
		to be used for future annual report not	ification)
For further information (	concerning this matter, please of	rall:	
KURT ZIMMERMAN		954 202-744	0
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Cou The Centre of 1	
Tallahassee,	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<del> </del>	(Name of the Limit	ed Liability Company as it no (A Florida Limited Liability Co	w appea mpany)	rs on our records.)			
The Articles of Organization Florida document number		ability Company were file	d on _	12/01/2004	a	nd ass	igned
This amendment is submitte	d to amend the follo	owing:					
A. If amending name, ente	er the new name of	the limited liability com	pany h	ere:			
The new name must be distinguish	nable and contain the w	ords "Limited Liability Compar	ıy," the	designation "LLC" or the	abbreviat	ion "Ll	L.C."
Enter new principal offices	address, if applic	able:				297	
(Principal office address M	<u>UST BE A STREE</u>	T ADDRESS)			· 	2	
					<del></del>	`ं - <del>र</del> ञ	
Enter new mailing address	, if applicable:				13.5.8.1 10.7.1	# #	pression.
(Mailing address MAY BE ,	A POST OFFICE	<u></u>			ESTATE	7: 18	
B. If amending the registe agent and/or the new regis  Name of New Reg	tered office addres		n our	records, <u>enter the n</u>	ame of t	<u>he nev</u>	v registere
	•	2400 E. COMMERCIAL	BI VD	SHITE 870			
New Registered O	tice Address:			orida street address			
		FORT LAUDERDALE		Florida	33308		
		City		, 1 101100	Zψ	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Change
		<del> </del>	Remove
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			Change
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			Remove
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			DAdd
			Remove
			□Change
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			Remove

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