

LG5000036354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

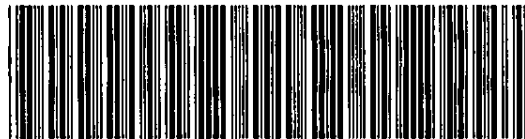
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400277346034

09/25/15--01017--014 **25.00

FILED
15 SEP 25 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 28 2015
S. YOUNG

COVER LETTER

Certified Article Number

9414 7266 9904 2014 0627 58

SENDERS RECORD

**TO: Registration Section
Division of Corporations**

SUBJECT: The Professional Supplement Center, 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:

Richard R. Gans, Esquire

Name of Person

Ferguson, Skipper, Shaw, Keyser, Baron & Tirabassi

Firm/Company

1515 Ringling Boulevard, 10th Floor

Address

Sarasota, Florida 34236

City/State and Zip Code

rgans@fergesonskipper.com

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

FILED
15 SEP 25 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Richard R. Gans, Esquire

Name of Person

at (941)

Area Code

957-1900

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**

The Professional Supplement Center, 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 April 13, 2005 and assigned Florida document number L05000036354.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

5441 Palmer Crossing Circle

Sarasota, Florida 34233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5441 Palmer Crossing Circle

Sarasota, Florida 34233

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:

Davis, Cheryl L.

New Registered Office Address:

5441 Palmer Crossing Circle

Enter Florida street address

Sarasota

City

, Florida

34233

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR		5441 Palmer Crossing Circle	
AMBR	Davis, Cheryl L.	Sarasota, Florida 34233	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SEP 25 4 00 PM '09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 25 PM 4 08
SECRETARY OF STATE
TREASURY DEPT. FLORIDA

FILED
SEP 25 PM 4:08
CLERK OF DISTRICT COURT
FLORIDA
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 18th, 2015.

Cheryl J. Davis
Signature of a member or authorized representative of a member

Filing Fee: \$25.00