

LOL 0000 94264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

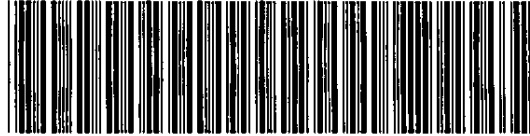
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600286984826

07/11/16--01040--009 \*\*25.00

2016 JUL 14 A 8:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

S Warren

JUL 22 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2015

LEONARD J. GAMBINO  
222 S. RIVERSIDE PLAZA, SUITE 2100  
CHICAGO, IL 60606

SUBJECT: MODULAR DOCUMENT SOLUTIONS, LLC  
Ref. Number: L06000094264

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 7/14

We have received your document for MODULAR DOCUMENT SOLUTIONS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P14000077025 MDS FLORIDA CORPORATION.

Please return 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 416A00014733

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

RECEIVED  
JUL 21 PM 4:15

CT

July 21, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

**\*RE-SUBMIT\***  
Please submit by  
date of submission 7/14

Re: Order #: 10096745 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

Modular Document Solutions, LLC (FL)  
Amendment (Change of Name)  
Florida

16 JUL 21 PM 4:14  
RECEIVED

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

SCHOENBERG FINKEL  
NEWMAN & ROSENBERG, LLC

---

Attorneys at Law

222 South Riverside Plaza  
Suite 2100  
Chicago, Illinois 60606-6101  
Telephone 312.648.2300  
Facsimile 312.648.1212  
www.sfnr.com

July 5, 2016

Our File Number

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Modular Document Solutions, LLC  
Articles of Amendment

Dear Sir or Madam:

Enclosed are Articles of Amendment which change the name of the above-listed company to MDSFL, LLC, in duplicate, as well as our check in the amount of \$25.00 for your filing fee.

Please have the enclosed amendment filed and return evidence of filing to my attention. A self-addressed stamped envelope is enclosed for your convenience.

Thank you.

Very truly yours,



Pamela L. Clark  
Paralegal

Encl.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Modular Document Solutions, 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:

Leonard J. Gambino

\_\_\_\_\_  
Name of Person

Schoenberg, Finkel, Newman & Rosenberg, LLC

\_\_\_\_\_  
Firm/Company

222 S. Riverside Plaza, Suite 2100

\_\_\_\_\_  
Address

Chicago, IL 60606

\_\_\_\_\_  
City/State and Zip Code

leonard.gambino@sfnr.com

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

For further information concerning this matter, please call:

Leonard J. Gambino

312 648-2300  
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

FILED  
JUN 14  
A 8 46  
RECEIVED  
CLERK OF DISTRICT COURT  
FLORIDA  
JANESSE  
SECRETARY OF STATE  
e limited liability

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>
			<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
			<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  
 2008 MAR 14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 A 846  
 Remove  
 Change

1. The first part of the document is a header section containing the title "THE HISTORY OF THE UNITED STATES OF AMERICA" and the author "BY HENRY REEVE".

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the following dates, when the record is filed:

Signature of a member or authorized representative of a member

Type or printed name of signer

FILED  
2015 JUL 14 A 8 46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA