LO60000 94264

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2018

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

SUBJECT: MODULAR DOCUMENT SOLUTIONS, LLC

Ref. Number: L06000094264

We have received your document for MODULAR DOCUMENT SOLUTIONS, ELC 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.

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

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

ii you have any questions concerning the filing of your document, please call (350) 245-6631.

Stacey M Warren Regulatory Specialist II ...

www.sunbiz.org

Letter Number: 416A00014733

July 21, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 Place of Submission 7114

Re:

Order #: 10096745 SO

Customer Reference 1: None

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

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 Schlor 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

Pam Clank

Paralegal

Encl.

COVER LETTER

TO: Registration Se Division of Cor	ection rporations	
SUBJECT:	Occument Solutions, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence 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 c	concerning this matter, please call:	
Leonard J. Gambino	at ()	
Name o	at ()	
Enclosed is a check for the	the following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status & py

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

Modular Document Solutions, LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on Septen	iber 26, 2006	and assigned
Florida document number L06000094264			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:		
MUSS OF FORT MYERS, LLC			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	ation "LLC" or the abl	oreviauon "L.I .C."
Enter new principal offices address, if applicable:	***		
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:	<u> </u>		
(Nothing address MAY BE A POST OFFICE BON)			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:		r records, <u>enter</u>	the name of the new
•			
New Registered Office Address:	Enter Florida s	rcet uddress	· · · · · · · · · · · · · · · · · · ·
		Florida	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the viligations of my position as registered being filed to marely reflect a change in the registe company has been notified in writing of this change	l complete performance of my agent as provided for in Chap red office address, I hereby co e.	duties, and I am fonce 605, F.S. Or onfirm that the lin	amiliar with and if this document is ined Trability
	If Changing Registered Agent,		
	Page 1 of 3	L OR	

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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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