

LD8000059086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

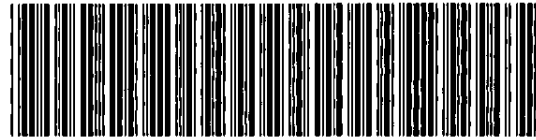
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200138121422

10/14/08-90007-001- \$50.00

FILED
08 NOV 24 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 19, 2008

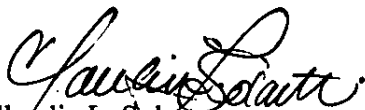
Mr. Shean Toner
Florida Department of State
Division of Corporations
PO Box 1300
Tallahassee, FL 32302

Mr. Toner,

As per our phone call, please find attached the Articles of Amendment form with the Cover letter for the change of name of CLS Profesional Management Services TO: BCS Management Services LLC.

The payment I submitted previously for \$50 dollars will cover the \$25 dollars Filing Fee and \$5 dollars for a Certificate of Status.

Thank you for your help,


Claudia L. Solarte
PH (407) 927 4365

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLS PROFESIONAL MANAGEMENT SERVICES 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:

CLAUDIA L. SOLARTE
(Name of Person)

BCS MANAGEMENT SERVICES LLC
(Firm/Company)

2441 BROOKSIDE AVENUE
(Address)

KISSIMMEE, FL 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA L. SOLARTE at (407) 927 4365
(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

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

CLS PROFESIONAL MANAGEMENT SERVICES 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 June 16, 2008 and assigned
Florida document number L08000059086.

This amendment is submitted to amend the following:

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

BCS MANAGEMENT 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
08 NOV 24 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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.

(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

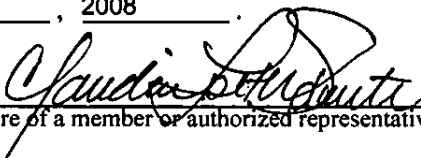
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Article III: Provide management and consulting services to any organization.

FILED
08 NOV 24 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated November 19, 2008



Signature of a member or authorized representative of a member

CLAUDIA L. SOLARTE
Typed or printed name of signee