

LL9666000741

(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:

Wrong form

Office Use Only



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06/30/17--01008--007 **43.75



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2017

SAMUEL F CORT
1921 NORTH STREET
LONGWOOD, FL 32750

SUBJECT: PROJECT SERVICES GROUP, LLC
Ref. Number: L09000000741

We have received your document for PROJECT SERVICES GROUP, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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: 517A00013712

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROJECT SERVICES GROUP, 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:

SAMUEL F CORT
Name of Person

PROJECT SERVICES GROUP, LLC
Firm/Company

1921 NORTH ST.
Address

LONGWOOD FL 32750
City/State and Zip Code

SFCORT@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAM F CORT at (407) 486-5581
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**

PROJECT SERVICES GROUP, 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 _____ and assigned Florida document number LO9000000741.

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)

1921 NORTH ST.

LONGWOOD FL 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1921 NORTH ST

LONGWOOD FL 32750

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:

SAMUEL F CORT

New Registered Office Address:

1921 NORTH ST.

Enter Florida street address

LONGWOOD

City

Florida

32750

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.

Samuel F. Cort

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>
<u>MGR</u>	<u>KEVIN PRIESTER</u>	<u>1031 SUNSHINE LANE</u> <input type="checkbox"/> Add <u>ALTAMONTE SPRINGS, FL 32714</u> <input checked="" type="checkbox"/> Remove	<input type="checkbox"/> Change
<u>MGR</u>	<u>CROWNEAL HARRIS</u>	<u>1031 SUNSHINE LN</u> <input type="checkbox"/> Add <u>ALTAMONTE SPRING</u> <input checked="" type="checkbox"/> Remove	<input type="checkbox"/> Change
<u>MGR</u>	<u>PERCY SAYLES</u>	<input type="checkbox"/> Add <u>1031 SUNSHINE LN</u> <u>ALTAMONTE SPRINGS</u> <input checked="" type="checkbox"/> Remove	<input type="checkbox"/> Change
<u>MGR</u>	<u>NIGEL N. CORT.</u>	<u>1921 NORTH C</u> <input checked="" type="checkbox"/> Add <u>LONGWOOD FL 32750</u> <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	

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

N/A

E. Effective date, if other than the date of filing: IMMEDIATELY (optional)
(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)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 7-16-17
Samuel F. Cort
Signature of a member or authorized representative of a member
SAMUEL F CORT
Typed or printed name of signer