

L09000054701

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 22 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROVEE 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:

DAVID GOLDBERG

Name of Person

HERITAGE TAX & CONSULTING SERVICES INC

Firm/Company

13720 SIX MILE CYPRESS #2

Address

FORT MYERS, FL 33912

City/State and Zip Code

ekwftmyers@aol.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAVID GOLDBERG

Name of Person

at (239)

482-5455

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

PROVEE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on FEB 21, 2010 and assigned
Florida document number L09000054701.

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 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)

17220 CALOOSA TRACE CIRCLE

FORT MYERS, FL 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17220 CALOOSA TRACE CIRCLE

FORT MYERS, FL 33912

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:

HERITAGE TAX & CONSULTING SERVICES INC

New Registered Office Address:

13720 SIX MILE CYPRESS #2

Enter Florida street address

FORT MYERS

Florida

33912

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.

[Signature]
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>
MGRM	HAYES, DANIEL S	17181 CAPRI DRIVE FORT MYERS, FL 33967	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MACIEL, KATHLEEN	17220 CALOOSA TRACE CIRCLE FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated _____

+ 

Signature of a member or authorized representative of a member

DANIEL S. HAYES

Typed or printed name of signee