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(Address)

(City/State/Zip/Phone #)

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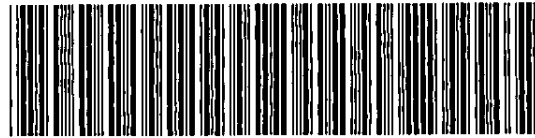
(Business Entity Name)

(Document Number)

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2013 JUN 24 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 25 2013

J. BRYAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OmniTranscribe-X, 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:

Michelle L Voce

Name of Person

Elite Transcription & Translation Services, LLC

Firm/Company

723 39th Street

Address

West Palm Beach, FL 33401

City/State and Zip Code

mvoce@bellsouth.net

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:

Michelle L Voce

Name of Person

561 889-6749

at ()

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**

OmniTranscribe-X, 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 1/07/2010

Florida document number L10000002444

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2010 JUN 24 PM 2:44
and assigned
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Elite Transcription & Translation 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)

723 39th Street

West Palm Beach, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

723 39th Street

West Palm Beach, FL 33401

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:

Voce, Michelle L

New Registered Office Address:

42 Buxton Lane

Enter Florida street address

Boynton Beach

Florida 33426

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.

Michelle L. Voce
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	Voce, Clyde II	42 Buxton Lane	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33426	<input type="checkbox"/> Remove
MGRM	Voce, Cory	42 Buxton Lane	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

Dated 6/20/13 . . .

Michelle L. Voce

Signature of a member or authorized representative of a member

Michelle Voce

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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