# 10000030618

•		
(Re	equestor's Name)	
(A.	Ida N	
(Ac	dress)	
(Ac	ddress)	
' (Ci	ty/State/Zip/Phone	: #)
_	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
,		
(Do	ocument Number)	
·	•	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		
·		
}		

Office Use Only



700243422097

01/18/13--01004--001 \*\*60.00

JAN 22 2013 T CLINE

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

# 200 SOUTH ANDREWS 6A LLC

SUBJECT:

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:

# Mark Rosen

Name of Person

# Lubell & Rosen

Firm/Company

# 200 South Andrews Avenue, #900

Address

# Fort Lauderdale, FL 33301

City/State and Zip Code

### mlr@lubellrosen.com

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

For further information concerning this matter, please call:

## Mark Rosen

<sup>,</sup>954、755**-**3425

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)

Section of Status & 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

ARTICLES OF	SEC SEC			
200 SOUTH AN	DREWS 6A LLC			
	14 · make			
(A Florida Limited	any as it now appears on our records.)  Liability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed on 03/19/2010 and assigned			
	y were med on			
Florida document number L10000030678				
This amendment is submitted to amend the following:				
•				
A. If amending name, enter the new name of the limited lia	bility company here:			
Andrews Outsource Solutions, LLC				
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	200 South Andrews Avenue, Suite 902			
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, Florida 33301			
	200 South Andrews Avenue, Suite 902			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, Florida 33301			
R If amending the registered agent and/or registered a	office address on our records, enter the name of the new			
registered agent and/or the new registered office address he				
Name of New Registered Agent:				
New Registered Office Address:				
Ten replinates entre ( tradess.	Enter Florida street address			
	. Ftorida			
	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 -

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			[] Kemove
			—
	· · ·		L Add
			Remove
	•		20 51 51
		·	2013 CAA 18 Remove 40 SECRETARY OF STATE ALLAHASSEE FLORIDA
			<i>જ</i> ~ <b>−</b> • • • • • • • • • • • • • • • • • • •
			Remove 72:
<del></del>		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Add
•			Remove
		<u> </u>	
			Add
			Remov

amending any other informat	tion, enter change(s) here: (Attach additional sheets, if nece.	ssary.,
	·	
	·	
•		
		<del></del>
January 15	2013	
	nature of a member of authorized representative of a member	
Mark L. Rosen		_

Page 3 of 3

Filing Fee: \$25.00

2013 JAN 18 PM 12: 41