# L10000037373

(Requestor's Name)					
(Address)					
(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



100181318531

05/27/10--01027--019 \*\*25.00

2010 MAY 27 AM ID: 33
SECIRE TARKY OF STATE AT TARK AND ASSEE, TO SKITCH

T. CLINE

MAY 28 2010

**EXAMINER** 

# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Principal E	nancial Syste	ems, UC
The enclosed Articles of	Amendment and fee(s) are suit	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Chi	ustopher Murd	lock
	Princip	ral Financial S	Systems, LLC
	1824 B	urdock DR -	726
		Address	
	Winter	Carden, Fl. 3th City/State and Zip Code dock Ogmail com	ZIII KAY 27 TALLAHASSI ASSI ASSI ASSI ASSI ASSI ASSI ASS
		City/State and Zip Code	
	chimur	dock agmail com	
	E-mail address: (	to be used for future annual report notifica	uion)
For further information	concerning this matter, please of	eall:	
		ana aa	, , , , , , , , , , , , , , , , , , ,
Name o	of Person	at (107) 302 - 890 Area Code & Daytime 1	Felephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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**

Principal (Name of the Limited Lia (A Flo	Financial  bility Company as it indicated Liability	Systemow appears on of Company)	our records.)	1	
The Articles of Organization for this Limited Liabil Florida document number	lity Company were fil	•			ed
This amendment is submitted to amend the following	ng:				
A. If amending name, <u>enter the new name of the</u>	e limited liability cor	mpany here:			
The new name must be distinguishable and end with the "L.L.C."  Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	e: <u>DDRESS)</u>	ility Company," tl	he designation "L	C or the abbrury 27 AM D 33	eviation
B. If amending the registered agent and/or r registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	address here:	dress on our re			
	Winter Ge	Enter Flo	orida street addi	ress	

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

Page 1 of 2

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 Title **Type of Action** <u>Name</u> **Address** Christopher Murdock Remove Remove ☐ Add ☐ Remove Addi Remove ™ d Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Christopher Mur
Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00