L11000000385

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: 'Registration S Division of Co			
The Proce	essing Office, LLC		
SUBJECT,	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Nicholas Rotenberger		
		Name of Person	
	The Processing Office, LL	С	
		Firm/Company	
	200 W Palmetto Park Rd,	Suite 202	
		Address	**************************************
	Boca Raton, FL 33432		
		City/State and Zip Code.	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Nicholas Rotenberger		at (·
Name	of Person	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

The Processing Office, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Florida document number L11000000385	Liability Company	were filed on $\frac{01/03/20}{}$)11	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ition "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	200 W Palmetto Park	Rd	
(Principal office address MUST BE A STREET ADDRESS)		Suite 202		
		Boca Raton, FL 3343	2	
Enter new mailing address, if applicable:		200 W Palmetto Park	Rđ	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 202		
		Boca Raton, FL 3343	2	
B. If amending the registered agent and registered agent and/or the new registered	d/or registered of	ffice address on our <u>e</u> :	records, enter	r the name of the
Name of New Registered Agent:	Nicholas Roten	berger		SEE T
New Registered Office Address:	200 W Palmette	o Park Rd, Suite 202 Enter Florida str	mut adduses	5 6
	Boca Raton		reet address , Florida 3	3432
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Nicholas Rotenberger	200 W Palmetto Park Rd	□ Add
		Suite 202	□ Remove
		Boca Raton, FL 33432	☐ Change
MGRM	Giancarlo Godz	200 W Palmetto Park Rd	
		Suite 202	<u>_</u>
		Boca Raton, FL 33432	□ Change
			Add
		AND	□ Remove
	-		ASSE Add 7
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	08/20/2017		
Effe	ctive date, if other than the date of filing:		
	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur If the date inserted in this block does not meet the applicable statutory filing requirements, this date will		
doci	iment's effective date on the Department of State's records.	not be risted	ıaı
he r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier	<i>-</i> 0
	ne 90th day after the record is filed.		
Date	d		
	Signature of a member or authorized representative of a member	_	

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Typed or printed name of signee

Filing Fee: \$25.00