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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	LRM DOCU	MENT SERVICES, LLC			
SUBJECT;		Name of Lim	nited Liability Company		
				•	
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		LOURDES RODRIGUEZ	· ·		
			Name of Person		•
•			Firm/Company		
		2925 W GREEN ST			
			Address		
	•	TAMPA FL 33607-3217			
			City/State and Zip Code		
		LRMDOCS@YAHOO.CO	M	74 Z	
		E-mail address: (to be used for future annual report notification	SECKETA ALLAHAG	-
For further in	formation con-	cerning this matter, please ca	all:	ASS	
LOURDES I	RODRIGUEZ		813 435-8481		F
	Name of P			phone Number S	O
Enclosed is a	check for the	following amount:			•
ជ ៍ \$25.00 Fi	iling 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 enclose	

MAILING ADDRESS:

TO:

Registration Section

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

LRM DOCUMENT SERVICES, 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 05/12/2011	and ass	signed
Florida document number L11000056798			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
LRM MULTI-SERVICES, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	·
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name	of the new
	<u>z.</u>	2018 SEC TALL/	
Name of New Registered Agent:			4°-274daning
Name of New Registered Agent.		AND HE	
New Registered Office Address:		055 <u>-</u>	<u> </u>
	Enter Florida street address		177
	, Flori	da	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		> E	

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

MGR = N AMBR = A	Aanager Authorized Member		
<u> Fitle</u>	Name	Address	Type of Action
			□ Add
	,		☐ Remove
			Change
			□ Add
	÷		☐ Remove
			Change
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			01/05/2016			ORIDA	. 5L
fective date, if an effective date is ote: If the date in ocument's effection	listed, the date m nserted in this l	ust be specific a plock does no	ing: and cannot be prior t meet the applic	to date of filing of	or more than 90 da	(optional) ys after filing.) Pursi nts, this date will n	uant to 605.02 tot be listed
record speci The 90th day				ot an effectiv	e time, at 12	2:01 a.m. on th	ne earlier
MARCH 8			2016				
	7 /	1 -)	()		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00