

L11000085262

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROFESSIONAL INTERNATIONAL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 OCT 12 PM 5:00

TALLAHASSEE

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TALLAHASSEE FLORIDA

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S Warren

OCT 14 2016

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PROFESSIONAL INTERNATIONAL 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 07/25/2001 and assigned
Florida document number L11000085262

This amendment is submitted to amend the following:

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

The Suited Closer 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)

1601 Johns Lake Rd
#1037
Clermont, FL 34711

✓ Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1601 Johns Lake Rd
#1037
Clermont, FL 34711

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
Managing Member	John Cherry III	2327 Kettle Dr Orlando, FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Managing Member	Sylvia Rivera	1601 Johns Lake rd #1037 Clermont, FL 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	NO ADDITIONAL MEMBERS		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove All Other
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: September 23, 2016 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 23, 2016



Signature of a member or authorized representative of a member

John Cherry III

Typed or printed name of signer

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Filing Fee: \$25.00

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