

11000092840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

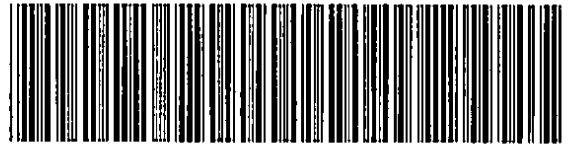
(Business Entity Name)

(Document Number)

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OF
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2021 DEC 22 AM 8:13

FILED

C. BRUMBLEY

JAN 11 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Checkware Workstations LLC

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:

2007 FEB 22 PM 11:20

Jonathan Lauren

Name of Person

Checkware Workstatons LLC

Firm/Company

11680 Orange Blvd

Address

West Palm Beach, FL, 33412

City/State and Zip Code

jon.lauren@checkwaresystems.com

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

For further information concerning this matter, please call:

Jonathan Lauren

561

4145996

at (_____) _____

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)

☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Checkware Workstations 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 08/12/2011 and assigned
Florida document number L11000092840.

This amendment is submitted to amend the following:

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

Checkware Workstations LLC

The new name must be distinguishable and contain 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)

11680 Orange Blvd

West Palm Beach, FL, 33412

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11680 Orange Blvd

West Palm Beach, FL, 33412

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:

Jonathan Lauren

New Registered Office Address:

11680 Orange Blvd

Enter Florida street address

West Palm Beach

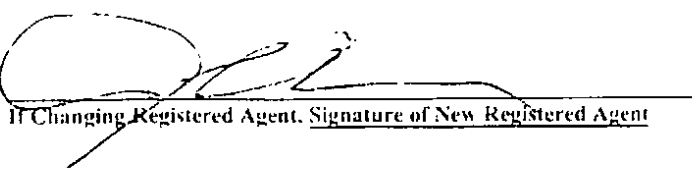
Florida 33412

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Jonathan Lauren	11680 Orange Blvd	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33412	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Richard Taylor	6390 NW 23RD LANE	<input type="checkbox"/> Add
		BOCA RATON FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Philip Young	11511 PUERTO BLVD	<input type="checkbox"/> Add
		BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

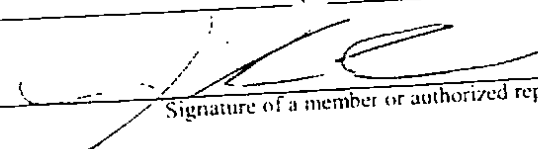
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Jonathan Lauren is already listed as the
Manager and will be the only member left
in the company

E. Effective date, if other than the date of filing: 9/7/2021 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is filed.

Dated October 19 2021


Signature of a member or authorized representative of a member

Jonathan Lauren

Typed or printed name of signer