

L11000126616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 19 2013

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D. BJORKLAND CONSULTING SERVICE 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:

DANIEL BJORKLAND

Name of Person

D. BJORKLAND CONSULTING SERVICE LLC

Firm/Company

2633 MIDDLE RIVER DR APT 3

Address

FORT LAUDERDALE FL 33306

City/State and Zip Code

DBJORKLANDCONSULTING@GMAIL.COM

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

For further information concerning this matter, please call:

DANIEL BJORKLAND

Name of Person

at (**754**) **779-4093**

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

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

D. BJORKLAND CONSULTING SERVICE 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 11/07/2011 and assigned
Florida document number L11000126616.

This amendment is submitted to amend the following:

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

TASK MASTERS PROJECT MANAGEMENT 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)

50 SW 2ND AVE STE. 201

BOCA RATON

FLORIDA 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

50 SW 2ND AVE STE. 201

BOCA RATON

FLORIDA 33432

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:

MARK L BJORKLAD

New Registered Office Address:

50 SW 2ND AVE. STE. 201

Enter Florida street address

BOCA RATON

City

Florida 33432

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 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

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

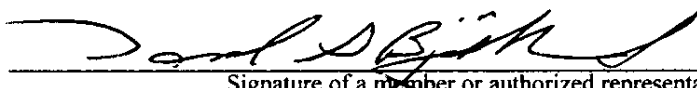
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDENT	MARK L BJORKLAND	50 SW 2ND AVE. STE 201	<input checked="" type="checkbox"/> Add
		BOCA RATON	<input type="checkbox"/> Remove
		FLORIDA 33432	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 4/5, 2013



Signature of a member or authorized representative of a member

DANIEL S. BJORKLAND

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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PALM BEACH COUNTY
FLORIDA