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K.SALY EXAMINER JUN 15 2012

COVER LETTER

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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations						
SUBJECT:	Process Ar	nalysis & Design LL	C			
		mited Liability Company				
The enclosed Article	s of Amendment and fee(s) are s	submitted for filing.				
Please return all corr	espondence concerning this matt	ter to the following:				
		Karin Schippers				
		Name of Person				
	BOTH USA LLC					
	Firm/Company					
		333 Broad Street				
	Address					
		Richland GA 31825				
		City/State and Zip Code				
	kar	rin@backofthehouse.co	om			
	E-mail address:	(to be used for future annual rep	ort notification)			
For further information	on concerning this matter, please	e caff:	,			
1	Karin Schippers	at (941)	545-4311			
Nar	ne of Person	Area Code &	Daytime Telephone Number			
	or the following amount:					
✓ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is et	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	All two Appendix		COLINIUM ADDRESS			
MAILING ADDRESS: Registration Section		STREET/C Registration	COURIER ADDRESS: 1 Section			
Division of Corporations P.O. Box 6327			Corporations			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Process Analysis & Design LLC

FILED 12 JUN 14 PM 4: 37

(Name of the Limited Liabili (A Florida	a Limited Liability Company)	rs on our records.)	- I'L UMIDA
The Articles of Organization for this Limited Liability Florida document numberL12000076327	Company were filed on	6/7/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>'e</u> :	,
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADD	ORESS)		
			-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	En	ter Florida street addi	ress
		, Florida	
	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 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>	Type of Action			
MGM	Nora Russell	2808 West Fountain Boulevard Tampa, FL 33609	Add Remove			
			Add Remove			
			Add Remove			
V-duit			Add Remove			
			Add Romove			
······································			Add			
D. Ifamen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)				
			-			
			-			
Dated	Richland GA , 6/1/1	/2012				
	Signature of a membe	r pr authorized representative of a member				
		Karin Schippers				
Typed or printed name of signee						

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Filing Fee: \$25.00