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(Requestor's Name)

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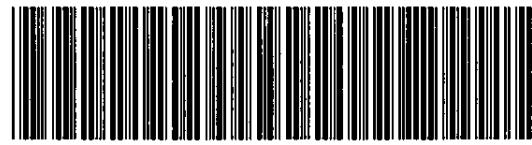
\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Agent Resource Services 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:

Joanna Boron

Name of Person

Agent Resource Services, LLC

Firm/Company

801 West Bay Dr Suite 200

Address

Largo, FL 33770

City/State and Zip Code

manager@agentresourceservices.com

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

For further information concerning this matter, please call:

Joanna Boron

727 216-9245

Name of Person

at (\_\_\_\_\_) Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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

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

**Agent Resource 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 July 24, 2012 and assigned Florida document number L12000096027.

This amendment is submitted to amend the following:

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

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Joanna Boron

New Registered Office Address:

801 West Bay Dr Suite 200

*Enter Florida street address*

Largo

City

, Florida 33770

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.*

*Joanna Boron*  
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>
MGRM	<u>Joanna Boron</u>	801 West Bay Dr Suite 200 Largo, FL 33770	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Donna Hastings</u>	801 West Bay Dr Suite 200 Largo, FL 33770	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Robert Hastings</u>	801 West Bay Dr Suite 200 Largo, FL 33770	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Linda Straight</u>	801 West Bay Dr Suite 200 Largo, FL 33770	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Dennis Straight</u>	801 West Bay Dr Suite 200 Largo, FL 33770	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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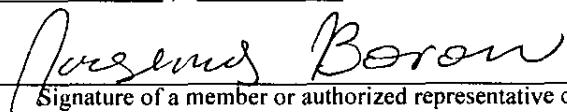
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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Joanna Boron

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 NOV - 1 AM 11:44  
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