L13000027583

(Requestor	's Name)
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PICK-UP	WAIT MAIL
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MAY 0 2 2017 S. YOUNG SECRETARY OF STATE

COVER LETTER

P\$1
TO: Registration Section Division of Corporations
SUBJECT: Pro Dervice Solutions UC 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:
Tatrick & Michel Name of Person
Pro Service Solutions LCC
14110 Langley Place Javie FC 33325
Davie 代 33325 City/State and Zip Code E 是
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patrick V. Michel at (954) 470-8194 /754-3666468 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$55.00 Filing Fee \& Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now appears on lour records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000027583</u> .	.1 1 =	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	oup LCC	bbreviation "L.L.C." Place 3325. 50
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	THAY - 1 PH W
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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_		Signature of	a member or au	norized represent	arive of a membe	r		

Page 3 of 3

Filing Fee: \$25.00