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## **COVER LETTER**

TO:	Registration S Division of C		
CHDIE	ByoPlane	et Service Solutions, LLC	
SUBJE	CI:	Name of Limited Liability Company	
The enc	losed Articles o	of Amendment and fee(s) are submitted for filing.	
Please re	eturn all corresp	spondence concerning this matter to the following:	
		Cheryl Samaha	
		Name of Limited Liability Company  sof Amendment and fee(s) are submitted for filing.  sepondence concerning this matter to the following:  Cheryl Samaha  Name of Person  ByoPlanet Service Solutions, LLC  Firm/Company  1305 Shotgun Rd  Address  Sunrise, FL 33326  City/State and Zip Code  esamaha@byoplanet.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at (	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Cheryl Samaha  Name of Person  ByoPlanet Service Solutions, LLC  Firm/Company  1305 Shotgun Rd  Address  Sunrise, FL 33326  City/State and Zip Code csamaha@byoplanet.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Cheryl Samaha  954  790-6889  at (			
	Name of Limited Liability Company  selosed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  Cheryl Samaha  Name of Person  ByoPlanet Service Solutions, LLC  Firm/Company  1305 Shotgun Rd  Address  Sunrise, FL 33326  City/State and Zip Code csamaha@byoplanet.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  1 Samaha  Name of Person  Area Code  Daytime Telephone Number  ed is a check for the following amount:  5.00 Filing Fee  \$50.00 Filing Fee		
		1305 Shotgun Rd	
		Address	
		Sunrise, FL 33326	
For furtl	ner information		
Cheryl	Samaha	at ( )	
	Name	e of Person Area Code Daytime Telephone Number	
Enclose	d is a check for	r the following amount:	
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) 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

BYOPLANET SERVICE SOLUTIONS, LL		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our rece a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on _05/08/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	<del></del>
(Principal office uddress MUST BE A STREET ADD)	RESS)	EE E TI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		G-3 PH 4:31
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iress
<del></del>	, Citv	Florida Zip Code
	Cuy	Lip 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 or removed	Authorized Person(s) authorized to a from our records:	nanage, <u>enter the title, name, and ad</u>	dress of each person being adde
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	William R. Holloway	1305 Shotgun Rd	Add
	<del></del>	Sunrise, FL 33326	<b>■</b> Remove
			☐ Change
	· <del></del>		□ Add
			□ Remove
			Change
			Add
		<del></del>	Remove
			□ Change
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			TAKE Dehange TA
			SAR DANIE PH CORNER OF FLORIDA Change
			ORDE Change

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etive date, if other than the da effective date is listed, the date must be e: If the date inserted in this block iment's effective date on the Depa	specific and cannot be prior to date of filing does not meet the applicable statutory rtment of State's records.	(optional) or more than 90 days after filing. filing requirements, this date	.) Pursuant to 605.02 will not be listed
ecord specifies a delayed ei ne 90th day after the record	fective date, but not an effection is filed.	ve time, at 12:01 a.m.	on the earlier
d July 31	, 2015		15 AUG SECRE
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Filing Fee: \$25.00