

L13000073886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

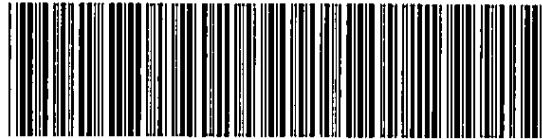
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
18 JUL -9 AM 9:02

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JUL 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PI Consulting Services LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chaitali Prajapati

Name of Person

PI Consulting Services LLC

Firm/Company

711 Ciara Creek Cv, Suite 1009

Address

Longwood, FL 32750

City/State and Zip Code

cprajapati@pics-llc.com

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

For further information concerning this matter, please call:

Chaitali Prajapati

Name of Person

407 4910418

at ()

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
CBfton Building
2664 Executive Center Circle
Tallahassee, FL 32301

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

PI Consulting 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 May 21, 2013 and assigned Florida document number L13000073886.

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)

711 Ciara Creek Cv, Suite 1009
Longwood, FL 32750

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

711 Ciara Creek Cv, Suite 1009
Longwood, FL 32750

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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:

New Registered Office Address:

711 Ciara Creek Cv, Suite 1009,

Enter Florida street address

Longwood

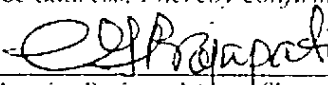
City

Florida 32750

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.


Signature of New Registered Agent

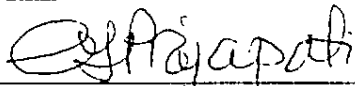
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jitendra V. Prajapati, PE	711 Ciara Creek Cv, Suite 1009	<input checked="" type="checkbox"/> Add
		Longwood, FL 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 6, 2018



Signature of a member or authorized representative of a member

Chaitali Prajapati

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

11:41 AM
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