113000152788

(Re	questor's Name)	
(Ad	dress)	
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K. SALY DEC - 9 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Professional Appoitment Setters 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:
Michael DeMarco
Professional Appointment Setters LLC
1490 Sunshadow Dive
Casselberry.FL 32707
Lily Veronica Some Compail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
2 Ay Miguel at (305) 726-6359 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ZOIG DEC-8 PM 5: 25
VALUE DARRY OF STATE
ORIDA

(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 10/30/13 and assigned Florida document number 13000152788.

This amendment is submitted to amend the following:

Α.	If amending name,	enter the new	name of the limite	d liabilit	v company	/ here:
	II amenume name.	. CIIICI IIIC IIC	manic or the minute	a manme	, сонгран,	

The new name must be distinguishable and contain the words "Limited Lie	bility Company," the designati	on "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 registered agent and/or the new registered office address h		180068 erryfl 32-118 records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, 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 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 adde or removed from our records:				
MGR = Manager . AMBR = Authorized Member		Address Address		
<u>Title</u>	<u>Name</u>	Address PALLARY OF C Type of Action		
		Add		
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	ZOIGDEC-8 PM 5:25 FALLAHASSEE, FLORIDA
	riskur 8 PM 5: on
	TALLAHASSET OF STATE
	- SE-FLORIDA
ective date, if other than the date of filing	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not m	eet the applicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of St	tate's records.
record specifies a delayed effective d	ate, but not an effective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	ate, but not an enective time, at 12.01 a.m. on the earner
December 6,	2016
Signature of	Michael DeMance
Signature of a n	nember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00