L14000000180

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700313359317

05/21/18--01024--016 **25.00

2013 MAY 21 P 2: 55



COVER LETTER

TO:	Registration Se Division of Cor						
		ONAL BUSINESS RESOURCE	CE OF SOUTHWEST FLORIDA. I	LLC			
SUBJE	CT:	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub					
Please r	eturn all correspo	ondence concerning this matter	to the following:				
		Anthony DeVita					
			Name of Person				
			Firm/Company		5 [:] .	اري دري	
7750 CYPRESS LAKES DR						AN SIES	1
Address				•	1 2	1	
FORT MYERS, FL 33907					٠.	- 10	ي م
			City/State and Zip Code			ښ	Yser
		Adevital@yahoo.com	to be used for future annual report notif	Enting		in G	
For furti	her information o	encerning this matter, please concerning		ication)	3.5		
	y DeVita	, , , , , , , , , , , , , , , , , , , ,	239 848-5554 at ()				
	Name o	d'Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for the	he following amount:					
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified (additional c	e of Status Copy		

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

PROFESSIONAL BUSINESS RE			
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) uny)	
The Articles of Organization for this Limited I Florida document number L14000000180	Liability Company were filed o	n 12/26/2013	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compar	ıy here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)		C.)
			- 11
			2 !
inter new mailing address, if applicable:			ַנָּיַ ַ
Mailing address MAY BE A POST OFFICE	<u> </u>		<u>~</u>
			<u>ମ</u>
3. If amending the registered agent and egistered agent and/or the new registered of		s on our records, <u>enter the</u>	name of the
Name of New Registered Agent:	Craig J Ruthsatz		
New Registered Office Address:	22050 Spring Mill Ct.		
	Ente	r Florida street address	
	Estero	, Florida 33928	
	City	7	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
_			
			Change
			≥ NO Add
			Add Remove.
			☐ Add
			☐ Remove
			Change
			□ Add
	•	 -	□ Change
			☐ Add
			Remove
			☐ Change

						
•						
		-				
<u></u>	-		<u></u>			
· - · · · · · · · · · · · · · · · · · ·						
	 -					
						
						_
	.=			<u>t*</u>	3	
				<u> </u>	भाक	- A.
						· (
	<u> </u>	- -			<u>~</u>	
					-13 -	j T
,	· · · · · · · · · · · · · · · · · · ·				?	
				-	Ŋ	
				· .	ריז	
.			 .			
ective date, if other than the date of	he date of filing: nust be specific and cannot be prio	r to date of filing or my	opti	onal)	Pursuant to	. 605 O
te: If the date inserted in this	block does not meet the applic	able statutory filing	requirements, thi	s date w	vill not be	listed
ument's effective date on the	Department of State's records	i <u>.</u>				
	ad affactive data to be a	ak na affaakka k	mn at 12:01		·	: اد -
he 90th day after the re	ed effective date, but no ecord is filed.	ot an effective ti	me, at 12:01 a	∌.ITI. O	n the ea	ariier
May 16th	2018					
1						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00