L14000012393

(F	Requestor's Name)	
	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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([Document Number)	
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K.SALY EXAMINER DEC 29 2015

COVER LETTER

	egistration'Sec vision of Corp			
SUBJECT:		k Support, LLC		
SUBJECT.		Name of Limit	ed Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter to	o the following:	
		Susan Hernandez-Allen		
			Name of Person	
		A Reachback Support, LLC		
			Firm/Company	
		3505 Lake Lynda Drive, St	nite 200	
			Address	
		Orlando, FLORIDA 32817		
			City/State and Zip Code	
		ARSupport@Outlook.com	o be used for future annual report noti	fication
				neation)
For further	information co	oncerning this matter, please ca	ll:	
Susan Her	nandez-Allen		at () 446-7831	e Telephone Number
	Name of	f Person	Area Code Daytim	e relepnone Number
Enclosed is	s a check for th	ne 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Administrative Reachback Support, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		_		$\sim 600 H_{D_{ij}}$
The Articles of Organization for this Limited Lia	bility Company	were filed on Janua	ry 23, 2014	and assigned
Florida document number L14000012393				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	
A Reachback Support, LLC				
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the design	gnation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applica	ble:	3505 Lake Lynda l	Drive	
(Principal office address MUST BE A STREET ADDRESS)		Suite 200		
		Orlando, FL 32817	,	
Enter new mailing address, if applicable:		3505 Lake Lynda l	Drive	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 200		
		Orlando, FL 32817	7	
B. If amending the registered agent and/or the new registered of			our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	Susan Hernand	lez-Allen		
New Registered Office Address:	1005 Hamlin A			
			street address	
	Howey In The		, Florida <u></u>	1737
		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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Susan Allen-Hernandez	752 Kingston Court	🗖 Add
		Apollo Beach, FL 33572	☐ Remove
		(replace with "ADD" info below)	■ Change
AMBR	Susan Hernandez-Allen	1005 Hamlin Avenue	
		Howey In The Hills, FL 34737	□ Remove
			☐ Change
 .			Add
			Remove
			C 2 All I
			Remove
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change

1) Changing name to reflect / A Re	eachback Support LLC
2) Changing address to reflect / 350	05 Lake Lynda Drive, Suite 200, Orlando Florida 32817
) Correcting Authorized Member	Name to reflect / Susan Hernandez-Allen
When filed with Legal Zoom - h	hyphened name was not correctly submitted.
Updating new Registered Agent	name
	E STATE
ve date, if other than the date ective date is listed, the date must be so	of filing: (optional) pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to
If the date inserted in this block deent's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will not be
1	
ord specifies a delayed effe 90th day after the record is	ective date, but not an effective time, at 12:01 a.m. on the ears is filed.
December 21	1 , 2015 .

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Typed or printed name of signee

Filing Fee: \$25.00