

L14 000089641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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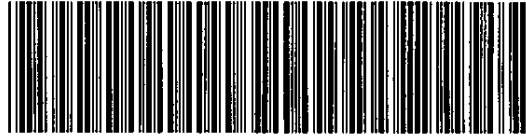
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 03 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Pioneer Development Services, 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:

Jarrold M. Scharber, Esquire

\_\_\_\_\_  
Name of Person

Waller & Scharber

\_\_\_\_\_  
Firm/Company

P.O. Box 1668

\_\_\_\_\_  
Address

Dade City, FL 33525

\_\_\_\_\_  
City/State and Zip Code

pleadings@wallerandscharber.com

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

For further information concerning this matter, please call:

Jarrold M. Scharber

352 567-4690  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pioneer Development 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 06/04/2014 and assigned Florida document number \_\_\_\_\_.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Enter Florida street address

\_\_\_\_\_, Florida

City

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**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Syed Ali	2700 Healing Way	<input checked="" type="checkbox"/> Add
		Suite 320	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	
MGR	Milton Brown	2700 Healing Way	<input checked="" type="checkbox"/> Add
		Suite 320	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	
MGR	Masood Khan	2700 Healing Way	<input checked="" type="checkbox"/> Add
		Suite 320	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	
MGR	Ronniel Mercado	2700 Healing Way	<input checked="" type="checkbox"/> Add
		Suite 320	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	
MGR	Khizzar Shaukat	2700 Healing Way	<input checked="" type="checkbox"/> Add
		Suite 320	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	
MGR	Amir Quefatich	2700 Healing Way	<input checked="" type="checkbox"/> Add
		Suite 320	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Harry Blackstone	2700 Healing Way	<input checked="" type="checkbox"/> Add
		Suite 320	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	
MGR	Joseph Nystrom	2700 Healing Way	<input checked="" type="checkbox"/> Add
		Suite 320	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33545	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Jarrold Scharber	38038 Meridian Ave	<input type="checkbox"/> Add
		Dade City, FL 33525	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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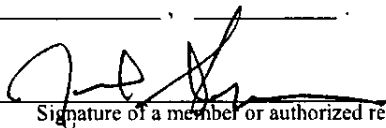
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated 11/17 , 2014



Signature of a member or authorized representative of a member

Jarrod M. Scharber

Typed or printed name of signee

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Filing Fee: \$25.00

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