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To:		
	Division of Co	rporations
	Fax Number	: (850)617-6383
From:		
	Account Name	: ROGER B. RICE PA
	Account Number	: I20210000161
	Phone	: (239)593-1002
	Fax Number	: (239)593-1309

annual report mailings. Enter only one email address please, ** 2022 FEB -9 LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION EXPENSE MANAGEMENT EXPERTS, LLC Certificate of Status Certified Copy 0 Page Count 04

\$61.25

Estimated Charge

COVER LETTER

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status &

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

12:02:50 p.m. 02-09-2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPENSE MANAGEMENT EXPERTS, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 07/11/2014	_ and as	ssigned	
Florida document number L14000110245				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:			
VERTEX ADMINISTRATIVE SERVICES, LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbro	eviation "	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)		<u>-</u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	of the ne	w regi	stere
agent and/or the new registered office address here:				
Non-Chin Deliverd Anna			22	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		n	
New Registered Office Address:		<u>.</u>	ധ	
	Enter Florida street address		Ġ	[_
	, Florida			<u> </u>
	City	Zip Code		_
New Registered Agent's Signature, if changing Registered Agent:			F.3	

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.

Roger B Rice PA

12:03:24 p.m. 02-09-2022 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>	Name	Address	Type of Action
		 	□Add
			□Remove
			□ Change
			🗀 Add
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PARTIES A. S. C.				······································	
					
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Effective date, if other the	an the date of fili	ng:		(optional)	
If an effective date is listed, the call the line of t	date must be specific a this block dose not	nd cannot be prior to d	ate of filing or more than	90 days after filing.) Pursuant	to 605.0207 ()
document's effective date of	n the Department of	f State's records.	statutory ming requi	icinems, this date will not i	de histed as ti
e record specifies a delayed	effective date, but n	ot an effective time	at 12:01 a.m. on the	earlier of the The Oash de	u after the
rd is filed.	onconico anto, but it	or an officerive time,	at 12.01 a.m. on the	Sattlet of. (b) The 90th da	ly after the
Dated		2022			
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Typed or printed name of signee