(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	10000
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800270503948

03/24/15--01004--001 \*\*30.00



MPR'15 2015

## **COVER LETTER**

Div	ision of Corpo	orations					
SUBJECT:	Recursos	TSJ, LLC					
SCBSECT.		Name of Limi	ited Liability Company				
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspond	lence concerning this matter	to the following:				
		RDP Accounting Sei	rvices Inc				
			Name of Person				
			Firm/Company		•		
		13382 SW 128th st					
			Address			2015	
		Miami, FL 33186			至约	法宏	
			City/State and Zip Code			~ 23	Plane
		RIC@rdpaccountings	SERVICES.COM to be used for future annual report notif	ication)	1.ft		i
For further i	nformation con	cerning this matter, please ca	·	,		PM 12: 22	A. very
Ricardo I	De La Paz		786 2869478		\$5.	<b>&gt;</b>	
	Name of P	Person	at () 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)	Certified	te of Status		

MAILING ADDRESS:

TO:

Registration Section

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

RECURSOS TSJ LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L14000136304	were filed on 09/02/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
RESOURCES LEGAL SUPPORT LLC		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LL	C" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		*C *
Principal office address MUST BE A STREET ADDRESS)		7470 E 77
		70 <b>3 7</b>
		<u> </u>
Enter new mailing address, if applicable:		FI
Mailing address MAY BE A POST OFFICE BOX)		S S C
		22
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ls, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddre	rss
	, F	lorida
	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 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 **Title** Address Type of Action Name 1 \_ Add \_□ Remove □ Add \_□ Remove \_□ Add ☐ Remove □ Add ☐ Remove □ Add

\_□ Remove

he effective date must be specific, cannot be prior to date of receipt or filed date and can	(optional) nnot be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)  Dated  O3/18/2015  Signature Wa mumber or authorized representations.	nnot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

