

L14000152710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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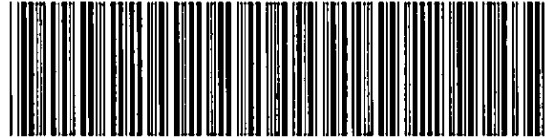
(Business Entity Name)

(Document Number)

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2020 OCT -9 PM 4:45

NOV 16 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fingerprint Pros, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason G. Jardine

Name of Person

Fingerprint Pros, LLC

Firm/Company

6840 NW 34th Street

Address

Margate, FL 33063

City/State and Zip Code

fingerprintproslc@gmail.com

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

For further information concerning this matter, please call:

Jason G. Jardine

954

540-2656

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2020 OCT -9 PM 4:45
and assigned

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

This amendment is submitted to amend the following:

Fingerprint Pros, LLC

Enter new principal offices address, if applicable:

6840 NW 34th Street

Margate, FL 33063

6840 NW 34th Street

Margate, FL 33063

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

('in'

Zip Code

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

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____.

Jason G. Jardine

Filing Fee: \$25.00