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## **COVER LETTER**

TO:	Registration Se Division of Cor		<b>₹</b>	
CUDIE	Docume	nt Prepare Services		
SUBJE	CI:	Name of Lim	ited Liability Company	<del></del> -
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Valerie Mack		
		<del>.</del>	Name of Person	
		Document Prepare S	3ervices	
			Firm/Company	
		714 Walters Terrace	•	
			Address	
		Port St Lucie FI 349	83	20 00
			City/State and Zip Code	
		Valerie@documentpi	•	
For furt	her information c	E-mail address: ( oncerning this matter, please of	to be used for future annual report notification	. P
	e Mack	oncoming this matter, prease co	772 626-3351	\$ 30 7.57
	Name o	f Person	at () Area Code Daytime Telep	
Enclose	d is a check for the	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)
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURIER A Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Document Prepare Services LLC		<del></del>
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records Liability Company)	1)
The Articles of Organization for this Limited Liability Compan	y were filed on 09/23/2013	and assigned
Florida document number L1500003845		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Document Prepare Services LLC		
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		100 13
(Principal office address MUST BE A STREET ADDRESS)		-
		- <del>' ' ' - '</del>
Enter new mailing address, if applicable:	P.O. Box 7636	
(Mailing address MAY BE A POST OFFICE BOX)	Port St. Lucie	\$ 44 h
	Florida 34985-7636	7- C21
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

**AMBR** = **Authorized Member** Title Title **Address Type of Action Name AMBR** Valerie Mack 716 SE Seahouse Dr ■ Add Port St Lucie, FL 34983 \_□ Remove □ Add \_□ Remove □ Add ☐ Remove □ Remove \_□ Add \_\_\_\_\_ 🔲 Remove \_ Add □ Remove

Effective date, if other than the date (The effective date must be specific, cannot be p the date this document is filed by the Florida D	rior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida D  February 23	rior to date of receipt or filed date and cannot be more than 90 days after
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Filing Fee: \$25.00

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