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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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10/3/21

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
OTTEN TELOPE	ning Solution. LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Stephanie A. Parker				•,
		Name of Person			
			ې 1 <u></u> نه خور	2021	
		Firm/Company	, and -	SEP SEP	7
	17238 Blooming Fields Dr	ive		SEP 24	1
	<u></u>	Address		. II	
	Land O Lakes, Florida 346	538		2: 1:	مديية
	sparker@emergenisis.com	City/State and Zip Code		, .5	
	· -	to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	all:			
Stephanie A. Parker		813 299-2880 at ()			
Name o	f Person	Area Code Daytime	: Telephone Number	=	
Enclosed 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)	Sectificate of S Certificate of S Certified Copy (additional copy is	tatus &	
Mailing Address Registration 5	Section	Street Address: Registration Sec			
Division of C P.O. Box 632	•	Division of Cor The Centre of T			
Tallahassee, l			e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Signing Solution, LLC	
(<u>Name of the Limited Liability Company as It no</u> (A Florida Limited Liability Co	w appears on our records.) ompany)
ne Articles of Organization for this Limited Liability Company were file orida document number L15000016535	ed on 01/28/2015 and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability com	pany here:
nergenisis, LLC	
e new name must be distinguishable and contain the words "Limited Liability Compa	
nter new principal offices address, if applicable:	2021 St. F.
rincipal office address MUST BE A STREET ADDRESS)	
	2
nter new mailing address, if applicable:	15 N 3
failing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on the new registered office address here:	on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Сһапдс
		 	□Add
			Add Th
			☐ Change
			□Add
			CRemove
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			□Add
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		SFO.	2 2
		J.F.	<u>.</u>
		r-,	r3
			
ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of filing o	(optio	onal)	(05.03
e: If the date inserted in this block does not meet the applicable statutory fi			
ament's effective date on the Department of State's records.			
ord specifies a delayed effective date, but not an effective time, at 12:01 a.r	n on the earlier of: (b)	The Oneh	day after th
filed.	ii. On the carrier or. (b) The son	day after ti
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SEPTEMBLE 22, ZOZI			

Filing Fee: \$25.00