

L15000035942

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Amend*

100270912701  
04/02/15--01003--005 \*\*30.00

FILED  
2015 APR -2 PM 12:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*AR*  
*4/20/15*

**LINS LAW GROUP, P.A.**  
**ATTORNEYS AND COUNSELORS AT LAW**

**D. MICHAEL LINS**

**CHASE R. WELT**

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(813) 964-8005  
Fax: (813) 968-9426

March 31, 2015

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Process Investments, LLC**

Dear Sir or Madam:

Please find enclosed the following documents to be filed with the Division of Corporations:

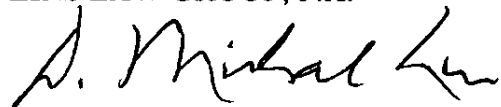
- 1.) Cover Letter; and
- 2.) Articles of Amendment to Articles of Organization for Process Investments, LLC.

Our check in the amount of \$30.00 is enclosed for payment of the filing fee and Certificate of Status. Please return the Certificate of Status to our office in the enclosed self-addressed, stamped envelope.

Should you have any questions please do not hesitate to contact this office. Thank you for your assistance in this matter.

Very truly yours,

**LINS LAW GROUP, P.A.**



D. Michael Lins, Esquire

DML/kb  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Process Investments, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Townshend

\_\_\_\_\_  
Name of Person

Process Investments, LLC

\_\_\_\_\_  
Firm/Company

408 William Street

\_\_\_\_\_  
Address

Key West, FL 33040

\_\_\_\_\_  
City/State and Zip Code

mtownshend@psconline.net

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

For further information concerning this matter, please call:

Mark Townshend

813 245-2497

\_\_\_\_\_  
Name of 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)

☐ \$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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2015 APR -2 PM 12:22

Process Investments, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/26/2015 and assigned  
Florida document number L15000035942.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

408 William Street

**(Principal office address MUST BE A STREET ADDRESS)**

Key West, FL 33040

Enter new mailing address, if applicable:

408 William Street

**(Mailing address MAY BE A POST OFFICE BOX)**

Key west, FL 33040

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mark Townshend	408 William Street	<input checked="" type="checkbox"/> Add
		Key West, FL 33040	<input type="checkbox"/> Remove
MGR	James Hutchinson	24302 Catalune Circle	<input type="checkbox"/> Add
		Mission Viejo, CA 92691	<input checked="" type="checkbox"/> Remove
AMBR	James Hutchinson	24302 Catalune Circle	<input checked="" type="checkbox"/> Add
		Mission Viejo, CA 92691	<input type="checkbox"/> Remove
AMBR	Ron Huch	4710 Presbury Drive	<input checked="" type="checkbox"/> Add
		Swanee, GA 30024	<input type="checkbox"/> Remove
AMBR	Craig Broome	840 116th Avenue	<input checked="" type="checkbox"/> Add
		Treasure Island, FL 33706	<input type="checkbox"/> Remove
AMBR	Mark Townshend	408 William Street	<input checked="" type="checkbox"/> Add
		Key West, FL 33040	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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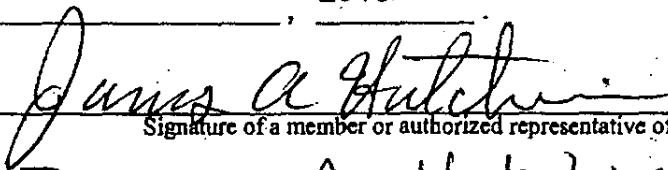
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 26, 2015



Signature of a member or authorized representative of a member

James A Hutchinson

Typed or printed name of signer

3/26/2015