

L15000051448

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(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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SEP 09 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COURT SUPPORT DOCUMENT PREPARATION, 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:

KARLENE STEVENS

Name of Person

COURT SUPPORT DOCUMENT PREPARATION, LLC

Firm/Company

931 VILLAGE BLVD., SUITE 905-279

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

KS@COURTSUPPORTDOCS.COM

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

For further information concerning this matter, please call:

KARLENE STEVENS

561 855-1999
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/COURIER ADDRESS:

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

CK # 7724

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

COURT SUPPORT DOCUMENT PREPARATION, LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 23, 2015 and assigned
Florida document number L15000051448.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

KARLENE STEVENS

New Registered Office Address:

931 VILLAGE BLVD., SUITE 905-279

Enter Florida street address

WEST PALM BEACH

Florida

City

33409

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.

Karlene Stevens

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
VP	BONNIE J. GLOVER	255 EVERNIA STREET,	<input type="checkbox"/> Add
		#1511	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 3340	<input type="checkbox"/> Change
AMBR	MEGAN STEVENS	931 VILLAGE BLVD,	<input checked="" type="checkbox"/> Add
		SUITE 905-279	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Change
MGR	KARLENE STEVENS	931 VILLAGE BLVD.,	<input type="checkbox"/> Add
		SUITE 905-279	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEP-8 AM 11:3
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

15 SEP - 8 AM 11:57
OFFICE OF STATE
IN ALABAMA, FLORIDA,

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 11, 2015

Signature of a member or authorized representative of a member

KARLENE STEVENS

Typed or printed name of signee