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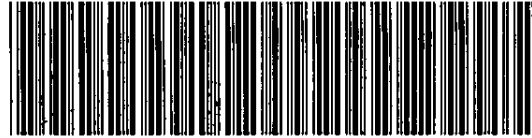
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN -6 P 5:07

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JUN 07 2016

Warren  
S MASON

**SMITH MACKINNON, PA**

ATTORNEYS AT LAW

W. KELLY SMITH  
ALEXANDER C. MACKINNON  
JOHN P. GREELEY  
ROBERT O. MARKS  
C. YANKI SOKMENSUER  
KEVIN K. SMITH

SUITE 1200  
CITRUS CENTER  
255 SOUTH ORANGE AVENUE  
ORLANDO, FLORIDA 32801

POST OFFICE BOX 2254  
ORLANDO, FLORIDA 32802-2254  
TELEPHONE (407) 843-7300  
FACSIMILE (407) 843-2448

June 1, 2016

**VIA US POSTAL SERVICE**

Attn: Corporate Filings  
**REGISTRATION SECTION**  
**DIVISION OF CORPORATIONS**  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: ARTICLES OF AMENDMENT/CONVERSANT SERVICES, LLC**

To whom it may concern,

In regard to the above referenced matter, please find enclosed the original Articles of Amendment (fee of \$25.00), I have also enclosed our firm's check number 0022270, in the amount of **\$25.00**, representing the required filing fee.

Please contact me at 407-581-2665, if there are any discrepancies/issues or email me at [twinn@smithmackinnon.com](mailto:twinn@smithmackinnon.com). Thank you.

Very truly yours,



Ferry Winn, Legal Assistant  
C. Yanki Sokmensuer, Esquire

encls.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CONVERSANT SERVICES, L.L.C.**

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:

C. YANKI SOKMENSUER

Name of Person

SMITH MACKINNON, P.A.

Firm/Company

225 S. ORANGE AVE, SUITE 1200

Address

ORLANDO, FL 32801

City/State and Zip Code

YANKI@SMITHMACKINNON.COM

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

For further information concerning this matter, please call:

C. YANKI SOKMENSUER

407

843-7300

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

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

CONVERSANT SERVICES, L.L.C.

(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 06/30/2015 and assigned  
Florida document number L15000113125.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6595 MT. PISGAH RD

FORT MEADE, FL 33841

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6595 MT. PISGAH RD

FORT MEADE, FL 33841

**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 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>
MGR	MICHAEL PARIS	6595 MT. PISGAH ROAD	<input checked="" type="checkbox"/> Add
		FORT MEADE, FL 33841	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRANDON GOODWIN	5358 ELM COURT	<input type="checkbox"/> Add
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

[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 MAY 20 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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