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PICK-UP	WAIT N	fAIL		
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COVER LETTER

TO: Registration Secti Division of Corpo		ż	
SUBJECT: A 550	Name of Lim	ACEMENT Services ited Liability Company	GROUP of Florida,
		Name of Person	
		Firm/Company	
	<u>'</u>	Address	
		City/State and Zip Code	
For further information conc		·	ication)
Name of Pe	rson	at () Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing 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	Amendment and fee(s) are submitted for filing. Name of Person Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Person at (

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF

ASSOCIATE MANAGEMENT Services Group of Florida, 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 Compa	any were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l		
A 550CIATED MANAGEMENTHE new name must be distinguishable and contain the words "Limited Li	T Services Group ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
, 11		·
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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 h		F.C. 3
Name of New Registered Agent:		
New Registered Office Address:		ig ≩ my
	Enter Florida street address	5° = '-
	. Flori	ida == == ·····
	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

or removed from our records:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	ord specifies a d			ut not an e	effective time	e, at 12:01 a	.m. on t	the ea	arlier of:
The 9	Oth day after t	the record is t	filed.						
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Filing Fee: \$25.00