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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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JUN 29 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Center For Assistance Services 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:

Sheldon Jefferson
Name of Person

PC techs Services of Tampa
Firm/Company

19046 Bruce B Downs Blvd Ste 177 Tampa FL
Address

0urpc@outlook.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

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33047

For further information concerning this matter, please call:

Sheldon Jefferson at (813) 810-9397
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**

Center For Assistance Services 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 11/10/15 and assigned
Florida document number L15000190866.

This amendment is submitted to amend the following:

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

Center For Assistance Services LLC

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)

19046 Bruce B Downs Blvd
Ste 177 Tampa FL 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

Enter Florida street address

City

Florida

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add EIN: 47-4573795

For MGR 1# Sheldon Jefferson
New Address: 608 East Emma St
Tampa FL, 33603

For MGR 2# Tangelia Hippard
New Address: 608 E Emma St
Tampa FL, 33603

Any questions call 813-810-9397

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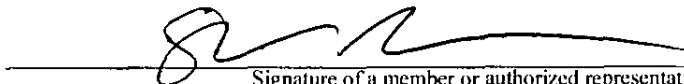
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 6-21-2016



Signature of a member or authorized representative of a member

Sheldon Jefferson

Typed or printed name of signer

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Limited Liability Company

CENTER FOR ASSISTANCE SERVICES LLC

Filing Information

Document Number L15000190866
FEI/EIN Number NONE
Date Filed 11/10/2015
Effective Date 11/10/2015
State FL
Status ACTIVE

Add - 477-4573795

Principal Address

19046 BRUCE B DOWNS BLV
177
TAMPA 33647

Mailing Address

19046 BRUCE B DOWNS BLV
177
TAMPA 33647

← this address

Registered Agent Name & Address

JEFFERSON, SHELDON D
5110 ROYAL CYPRESS CIR
TAMPA, FL 33647

Authorized Person(s) Detail

Name & Address

Title MGR

JEFFERSON, SHELDON
5110 ROYAL CYPRESS CIR
TAMPA, FL 33647

- New Address
608 E Emma St
Tampa FL, 33647

Title MGR

HIPPARD, TANGELA
5110 ROYAL CYPRESS CIR
TAMPA, FL 33647

Annual Reports

No Annual Reports Filed

Document Images11/10/2015 -- Florida Limited Liability: [View image in PDF format](#)

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