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## **COVER LETTER**

Div	ision of Cor	porations						
SUBJECT:	Professional Networking Experts, LLC  Name of Limited Liability Company							
SUBJECT:								
The enclosed	d Articles of	Amendment and fee(s) are subt	nitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		William Smith						
		Professional Networking	Name of Person Experts, LLC	<del></del>				
		2101 Vista Parkway, #12	Firm/Company					
City/State and Zip Code bill@npiadvantage.com								
		E-mail address: (	o be used for future annual report not	ification)				
For further i	nformation c	oncerning this matter, please ca	all:					
William Sm	aith		561 290-4700 at ()					
	Name o	f Person	at () Area Code Daytin	ne Telephone Number				
Enclosed is	a check for th	he following amount:						
\$25.00 1	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)				
		ING ADDRESS:	STREET/COUR Registration Section					

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

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Professional Networking Experts, LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/19/2016	and assigned
Florida document number L16000012646		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	llity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		E T
Principal office address MUST BE A STREET ADDRESS)		
		4 <del>1</del>
Enter new mailing address, if applicable:		7: 2 
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<del></del>
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>A</u> ddress	Type of Action
MGR	Deborah MacDonald	2101 Vista Parkway, #125 West Palm Beach, FL 33411	
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			Add
			□ Remove
			Change
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			Service Premote France
			DbA <sup>™</sup> DSA
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								ATE RIDA	28	
				06/18/201	R			•		
E. Effective	date, if other t	han the date	of filing:				(optio	onal)		
Note: If the	re date is listed, the he date inserted is effective date	in this block d	loes not me	et the applic	cable statuto	ing or more tha ry filing requ	n 90 days after irements, this	filing.) Pursua s date will not	nt to 605. I be liste	.020 ed as
f the record b) The 90	d specifies a thick the day after	delayed eff the record	ective da is filed.	te, but no	ot an effe	ctive time,	at 12:01 a	a.m. on the	e earlie	er o
Aug Dated	gust 21	1		2018						
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Typed or printed name of signee

Filing Fee: \$25.00