

L160000 29595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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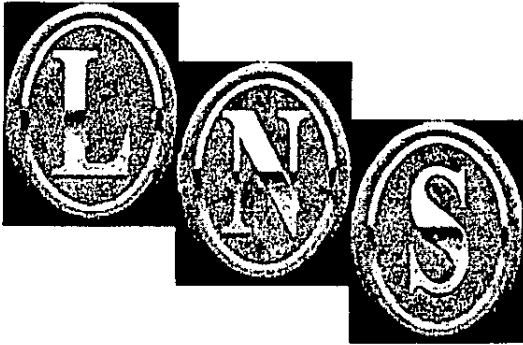
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16 JUL -5 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## LNS RESEARCH INC.

335 S SR 415 New Smyrna, FL 32168

Phone 386-428-1936 Fax 386-409-0336

Insresearch@bellsouth.net

LNS RESEARCH HAS SOLD ASSETS TO LNS RESEARCH CHECKS LLC ON  
MARCH 1ST 2016. INCLUDED IN ASSETS IS THE COMPLETE NAME  
LNS RESEARCH INC.

LNS RESEARCH INC HEREBY GIVE NAME TO LNS RESEARCH CHECKS LLC  
AS OF MARCH 1ST 2016.

FILED WITH THE STATE OF FLORIDA DOC NUMBER L16000029595

3-17-16 DATE

Lynne Gray LYNNE GRAY

REGISTERED USER SIGNATURE

STATE OF Florida COUNTY OF Volusia

SWORN TO AND SUBSCIBED BEFORE ME THIS 17 DAY OF  
March 2016. BY Lynne Gray WHO IS PERSONALLY KNOWN TO  
ME OR PRODUCED \_\_\_\_\_ AS ID.

Catherine Heathaway  
PRINTED NAME: Catherine Hathaway

NOTARY PUBLIC

MY COMMISSION EXPIRED: 2/9/19



Catherine Hathaway  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF190157  
Expires 2/9/2019

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2016

GREG CLIFFORD  
801 INTERNATIONAL PKWY SUITE 500  
LAKE MARY, FL 32746

SUBJECT: LNS RESEARCH CHECKS, LLC  
Ref. Number: L16000029595

We have received your document for LNS RESEARCH CHECKS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 616A00006292

**COVER LETTER**

**TO: Amendment Section**  
Division of Corporations

**NAME OF CORPORATION:** LNS Research Checks, LLC

**DOCUMENT NUMBER:** L16000029595

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Clifford  
Name of Contact Person

LNS Research Checks, LLC  
Firm/ Company

801 International Parkway suite 500  
Address

Lake Mary, FL 32746  
City/ State and Zip Code

gregory@cliffordusa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Clifford at ( 888 ) 838-5552  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

LNS RESEARCH CHECKS 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 2/11/2016 and assigned  
Florida document number L16000029595.

This amendment is submitted to amend the following:

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

LNS RESEARCH LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

19 JUL 15 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 June 13, 2016

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

GREGORY P CLIFFORD

Typed or printed name of signee