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COVER LETTER

Divis	ion of Cor	porations		
UBJECT: _	Prodigy Pay	vroll Services, LLC		
OBJECT		Name of Lim	ited Liability Company	
he enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	_	
	·	-	-	
		Alan Garbrecht		
		· · · ·	Name of Person	
		Carson Mason Holdings, L	LC	
			Firm/Company	
		2967 Plantation Road		
			Address	
		Winter Haven, FL. 33884		
			City/State and Zip Code	
		agarbrecht@aol.com		
		E-mail address: (to be used for future annual report notif	ication)
or further info	ormation c	oncerning this matter, please ca	all:	
Alan Garbrech	ıt		305 3930816	
	Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	ne following amount:		
□ \$25.00 Fil	ing Fce	■ \$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:

TO: Registration Section

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

Prodigy Payroll Services, LLC			
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) Dany)	
he Articles of Organization for this Limited L	iability Company were filed c	on	and assigned
lorida document number L16000171834	· 		
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name of	f the limited liability compa	nv here:	
ne new name must be distinguishable and contain the v	words "Limited Liability Company,"	"the designation "LLC" or the abbrev	iation .L.C."
nter new principal offices address, if applic	cable:	1 ·	AUG
Principal office address MUST BE A STREE	ET ADDRESS)	; ·	
			
		<u></u>	;;; ;;;
nter new mailing address, if applicable:		<u>_</u>	: (
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	_ 	
If amounting the assistance want and	for registered office address	an an ann ann an an Ann Aba	C •b
. If amending the registered agent and egistered agent and/or the new registered o		ss on our records, enter the	name or the
Name of New Registered Agent:	Alan Garbrecht		
New Registered Office Address:	2967 Plantation Road		
	Ente	er Florida street address	
	Winter Haven	Florida 33884	
	City	7	ip 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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carson Mason Holdings, LLC	2967 Plantation Road Winter Haver	■ Add
			Remove
			□ Change
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□ Remove
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	late of filing: be specific and cannot be pook does not meet the any	plicable statutory filing	(options) ore than 90 days after fili requirements, this da	al) ng.) Pursuant to 60 ite will not be lis	05.0207 sted as
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Si	effective date, but rd is filed. 2017 3ignature of a member or a	not an effective ti		17 Aug	

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