

L16000230532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

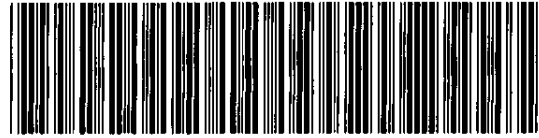
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800293632178

2016 DEC 27 P 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
DEPT. OF STATE
16 DEC 27 AM 9:54

D. BRUCE
DEC 28 2016

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 12/27/16
ACCT. I20160000072

en: c SW

Name:	Badge Express LLC
Document #:	
Order #:	10304102

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55

2016 DEC 27 P 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BADGE EXPRESS, 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:

TERESA FOLEY

Name of Person

CHOATE, HALL & STEWART LLP

Firm/Company

TWO INTERNATIONAL PLACE

Address

BOSTON, MA 02110

City/State and Zip Code

TFOLEY@CHOATE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA FOLEY

at (617)

248-4995

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 27 P 2:44

FILED

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**

BADGE EXPRESS, 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 12/22/2016 and assigned Florida document number 116000230532.

This amendment is submitted to amend the following:

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

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)

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:

ALAN MENDELSON

New Registered Office Address:

C/O PLASCO, LLC, 1501 N.W. 163RD STREET

Enter Florida street address

MIAMI

City

Florida 33169

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

FILED
2016 DEC 27 P 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	GEORGE SZEMKUS	21A POND STREET	<input type="checkbox"/> Add
		ARDEN, NC 28704	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IDW, LLC	1501 N.W. 163RD ST.,	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2008 DEC 27 2:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

2016 DEC 27 P. 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ד
ב
ר
ש
ו

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 DECEMBER 23, 2016


Signature of a member or authorized representative of a member

ALAN MENDELSON, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee