L1700000 5222

(Requ	iestor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/Rusir	ness Entity Nam	70
(Dusii	iess Entity Nan	ne)
(Docu	iment Number)	
Certified Copies Certificates of Status		
Special Instructions to Fil	ing Officer:	
/ 1 1 G		
5.1.19		

Office Use Only



600331596036

07/25/19--01013--019 **30.00

2019 JTT 23 IN1 6: 35

Amendais

JUL 3 1 2019

ALBRITTON

COVER LETTER

	Registration S Division of Co			
SUBJECT	LACS BPO			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.:		nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım all correspo	ondence concerning this matter	to the following:	
		Melvin Harmon		
		LACS BPO LLC	Name of Person	
		1400 Ashland Ave.	Firm/Company	<u> </u>
		Evanston, IL 60201	Address	
		mharmon@lacsbpo.com	City/State and Zip Code	
			to be used for future annual report notif	cation)
For further	information c	oncerning this matter, please co	all:	
Melvin Ha	rmon		904 6673960 at ()	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne 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

LACS BPO LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Com	pany were filed on January 9, 2017	and assigned
Florida document number L17000005222		
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" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		•
		2
Enter new mailing address, if applicable:		2019
(Mailing address MAY BE A POST OFFICE BOX)		
		rs
		70 17
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, g	enter the name of the ne
egistered agent and/or the new registered office address	<u>nere</u> :	ယ် ဟ
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florid	da.
	City , F10110	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>	Address	Type of Action
COO	Julio Garcia	1457 Biscayne Bay Drive Jacksonville, FL 32218	
			□ Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			
			☐ Remove
			Change
			Remove
			Change

D. If amending any other information				
	·			
		-		
		-		
				
			<u> </u>	
				_
				
				
			-	_
				_
		<u> </u>		
				_
				_
Effective data if religion				
. Effective date, if other than the date (If an effective date is listed, the date must be sponte: If the date inserted in this block discurrent's effective date on the Department.	pecific and cannot be prior to oes not meet the applicab	date of filing or more than 90 le statutory filing requiren	(optional) days after filing.) Pursuant to 6 nents, this date will not be li	05.0207 (3)(sted as the
the record specifies a delayed effe) The 90th day after the record i	ective date, but not s s filed.	an effective time, at	12:01 a.m. on the ear	lier of:
Dated July 23, 2019 Mel.	Upm	.· 		
Signa	ture of a member or authoriz	zed representative of a member	er	
Melvin Hamron				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00