## 1/7000025746

(Re	questor's Name	<del>?</del> )
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity N	ame)
Certified Copies		
Special Instructions to	Filing Officer:	
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	Office Use C	ntity Name)  Number)  ertificates of Status



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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Exceptional Rescreening UC 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:
Greg Billman  Name of Person
Exceptional Rescreening LLC Firm/Company
MGSI Q # Terr Address
Lehigh Aeres FL 33936 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steer Bullwan at (239) 292-2958  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, Fl. 32301



November 1, 2017

GREG BILLMAN 7681 9TH TERR LABELLE, FL 33935

SUBJECT: EXCEPTIONAL RESCREENING LLC

Ref. Number: L17000025746

We have received your document for EXCEPTIONAL RESCREENING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Section 5(b) has not been completed.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00022092

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	)F	22
		<b>2011</b>
Exceptional Rescre	- 1 1 C	ን <b>መ</b>
	any as it now appears on our records.)	<del></del>
	Liability Company)	. હ
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L17000025746</u> .		
		<b>5 5</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
<u>-</u> .	ALO: OUT	
Enter new principal offices address, if applicable:	11681 Am low.	
(Principal office address MUST BE\A STREET ADDRESS)	Labelle FL 339	35
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	7/9/ all Tor letigh Ac	tos F1 33936
Matting duaress MAT BE A FOST OFFICE BOX	1601 - 1 10 restriction	1 <u> </u>
B. If amending the registered agent and/or registered o	· · · · · · · · · · · · · · · · · · ·	the name of the new
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		A
New Registered Office Address:	681 9th Terr, -	
-	Enter Florida street address	
Laka	√e_ , Florida_	33935
	City , Florida	Zip Code
	•	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further ag	ree to comply with the
provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as		
being filed to merely reflect a change in the registered office	e address, I hereby confirm that the li	mited liability 🕶 -
company has been notified in writing of this change.		္က ထ
j		3.
		 ~1
If Cha	inging Registered Agent, Signature of New R	<del></del>

Page 1 of 3

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 = M AMBR = A	anager uthorized Member			
<u>Title</u>	Name		Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00