

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROFESSIONAL SALES & LUGISTICS SE	,	<del></del>		
(A Florida Li	Company as It now appears on our reco imited Liability Company)	orda.)		
The Articles of Organization for this Limited Liability Con Florida document number L17000072005	mpany were filed on 03/31/2017	a	ınd assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the abbrevia	tion "L.L	C."
Enter new principal offices address, if applicable:		<del></del>	<del></del>	<del></del>
(Principal office address MUST BE A STREET ADDRE	SS)		N3	
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Enter new mailing address, if applicable:			- <del>-&lt;</del> ;	er errous en,
(Mailing address MAY BE A POST OFFICE BOX)		,	(2)	5
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B. If amending the registered agent and/or register registered agent and/or the new registered office addres		rds, <u>enter the l</u>	паніс (	f the ne
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street add	rore		
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	City "	Florida	Code	
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## 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

Nov 29 2017 04:00PM 5616941639

page 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			Remove
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Signature of a member or authorized representative of a member  Savannah Montalban, Attorney-in-Fact			onal sheets, if necess	• .	
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Signature of a member or authorized representative of a member CT  Savannah Montalban, Attorney-in-Fact	November 29th 2017				
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