# 117000080129

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### **COVER LETTER**

TO:	Registration Se Division of Cor		·	
SUBJE		s Ocala, LLC		
SUBJE		Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please 1	return all correspo	ondence concerning this matter t	to the following:	
		Patrick Russell		
		**************************************	Name of Person	
		PR Services Ocala, LLC		
			Firm/Company	
		13745 SE 37th Terrace		
		•	Address	
		Summerfield, FL 34491		
		PRServicesocala@gmail.com	City/State and Zip Code	
	•	= =	o be used for future annual report notific	cation)
For furt	her information c	oncerning this matter, please ca	II:	
Patrick	Russell		352 362-2139 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d 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

PR Services Ocala, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our I Liability Company)	records,)
The Articles of Organization for this Limited Liability Compan Florida document number L17000080129	y were filed on April 10, 2	017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	n "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 of registered agent and/or the new registered office address here.  Name of New Registered Agent:		ecords, enter the name of the new
New Registered Office Address:		
	Enter Florida street	address
	, FI	
New Registered Agent's Signature, if changing Registered Agent	City:	Zip Code
I hereby accept the appointment as registered agent and agrown or 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 company has been notified in writing of this change.	e performance of my duti provided for in Chapter	ies, and I am familiar with and 605, F.S. Of if this document is

## 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

Title	Name	Address	Type of Action
MGR Patrick Russell		13745 SE 37th Тетт	■ Add
		Summerfield, FL 34491	□ Remove
			Change
MGR	John Stevenson	9048 SW 33ct	D Add
		Ocala, Fl 34476	_ ■ Remove
			☐ Change
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ctive date, if other than the da effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depa	e specific and cannot be prior to date of filing to does not meet the applicable statutory	(options of the contract of th	filing.) Pursuant to	605.0207 ( listed as ti
record specifies a delayed e ne 90th day after the record	ffective date, but not an effectid is filed.	ive time, at 12:01 a	.m. on the ea	rlier of:
	2017		三名 3	, <b></b> .
April 13	2017			
April 13  CATULO BY			CALLAR A	<u> </u>

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Filing Fee: \$25.00