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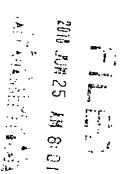
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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J. HAY.

COVER LETTER

TO:		ition Secti of Corpo			
cub ica		AP Finger	print Plus		
SUBJE	LI:		Name of Lim	ited Liability Company	
The encl	losed Arti	icles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all c	correspond	lence concerning this matter	to the following:	
			ShaRon Mitchell		
				Name of Person	
			ASAP Tax & Fingerprint I	Plus	
				Firm/Company	
			907 Park Ave		
				Address	
			Lake Park, FL 33403		
				City/State and Zip Code	
			INFO@ASAPTAXPLUS.C		
			E-mail address: (to be used for future annual report notifi	cation)
For furth	ner inform	nation con	cerning this matter, please ca	all:	
ShaRon	Mitchell			561 859-0495 at ()	
		Name of P	erson	Area Code Daytime	Telephone Number
Enclosed	i is a chec	ck 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:

TO:

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



May 29, 2018

SHARON MITCHELL 907 PARK AVE LAKE PARK, FL 33403

SUBJECT: ASAP FINGERPRINT PLUS, S-LLC

Ref. Number: L17000119999

We have received your document for ASAP FINGERPRINT PLUS, S-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):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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: 218A00011127

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2018 JUN 25 PM 1: 34



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASAP Fingerprint Plus				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on		and a	ssigned
Florida document number L17000119999				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
ASAP Tax & Fingerprint Plus LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbrev		L.L.C."
Enter new principal offices address, if applicable:	907 Park Ave Lake Park, FL 33403	<u>≯</u> :	2018	
Principal office address MUST BE A STREET ADDRESS)				\$;
	<u> </u>	<i>J.</i> 2	(ک) اک	5
		11	وسور آمن	!
nter new mailing address, if applicable:	907 Park Avc	شه	က	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	Lake Park, FL 33403	<u>.</u>	<u></u>	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		ter the	name	of the
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida		T. C.	
	City	7	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 orderemoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
coo	Phill Cunningham	907 Park Ave Lake Park, FL 33403	■ Add
			□ Remove
			Change
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Signature of a member or authorized representative of a member	418 Gauve Ave West Palm Beach, FL 33413	
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Filing Fee: \$25.00