## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H170001993373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

: (323)962-9600 : (323)962-3889 Fax Number

\*\*Enror the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROVIGIOUS SOLUTIONS GROUP, LLC

Certificate of Status	0
Certified Copy	ı
Page Count	06
Estimated Charge	\$55.00

K. SALY AUG - 1 2017

Electronic Filing Menti

Corporate Filing Menu

Help

## **COVER LETTER**

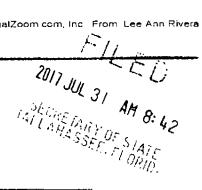
TO:	Registration Se Division of Cor					
~11B.1C		OUS SOLUTIONS GROUP	LLC			
SUBJE	CI;	Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter t	to the following:			
		Cheyenne Moscley		_		
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company	•		
		101 N. Brand Blvd., 11tl	h Floor			
		Address				
		Glendale, CA 91203				
		City/State and Zip Code				
		lodell.psg@gmail.com	to be used for future annual report notification)			
	1					
		concerning this matter, please co				
Cheye	nne Moselcy	· · · · · · · · · · · · · · · · · · ·	800 773-0888 ext. 9724	<del></del> -		
	Name 4	of Person	Area Code Daytime Telephone Number	1		
Enclose	ed is a check for t	the following amount:				
☐ <b>\$</b> 23	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &		
	MAII	.ING ADDRESS:	STREET/COURIER ADDRESS:			
	Regist	ration Section	Registration Section Division of Corporations			
		on of Corporations	Clifton Building			

Tallahassee, FL 32314

and the state of t

2661 Executive Center Circle Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



PROVIGIOUS SOLUTIONS GROUP, LLC	
(Name of the Limited Liability Come (A Florida Limited	pany as it now apprais on our records.) Trability Company)
The Articles of Organization for this Limited Liability Compan Florida document number 1.17000139298	y were filed on 06/27/2017 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:
Prodigious Solutions Group, LLC	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST RE 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 registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	er.

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida

Zio Code

Page 1 of 3

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	MBR = Authorized Member		
Title	Name	Address	Type of Action
			bbA 🗆
			C Remove
			***************************************
			□ Add
			☐ Remove
			Remarks Of State of S
			7.5 8. C
			Remove
			П келюче
			□ Remove
			□ Add
		• •	Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated 24 July 2017.	
Signature of a member or authorized representative of a member	•
Lee Aaron O'Dell	_
Typed or printed name of signee	•

Page 3 of 3

Filing Fee: \$25.00

F.

