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COVER LETTER

TO:	Registration Sec Division of Corp							
CHDI		ONAL BID SERVICES LLC						
SUDJ	ЕСТ:	Name of Lim	ited Liability Company					
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspor	ndence concerning this matter	to the following:					
		CHRISTOPHER LJONES						
			Name of Person					
		PROFESSIONAL BID SE	RVICES LLC					
								
		1681 NW 65TH TERRAC	Е					
			Address					
		MARGATE, FL 33063						
			City/State and Zip Code	***************************************				
	City/State and Zip Code FIREMAN305@GMAIL.COM E-mail address: (to be used for future annual report notification)							
For fu	rther information co		·	nicautii)				
MARGATE, FL 33063 FIREMAN305@GMAIL E-mail address For further information concerning this matter, please CHRISTOPHER J JONES			954 234-8077 at ()					
	Name of	Person	Area Code Daytin	ne Telephone Number				
Enclos	sed is a check for the	e following amount:						
□ \$2	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

PROFESSIONAL BID SERVICES LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our rec nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/01/2017	and assigned
lorida document number L17000206119		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
		P S S
		AH B
nter new mailing address, if applicable:		S S
Muiling address MAY BE A POST OFFICE BOX)		
		51A 0R
. If amending the registered agent and/or registere		
gistered agent and/or the new registered office address	nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
		Florida
	City	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	CHRISTOPHER J JONES	1681 NW 65TH TERRACE MARC	= Add
			□ Remove
			Change
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			□ Remove
			□ Add
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ffective date an effective da	te is listed, the	date must be s	specific and	l cannot be	prior to da	ate of filing	or more than	90 days a	otional) der filing.) Pr	irsuant to	605,020
	ate inserted in fective date of					statutory	filing requi	rements, t	his date wi	l not be	listed as
e record sp The 90th o	ecifies a de day after th	elayed eff ne record	fective of is filed.	late, bu	t not ar	n effecti	ve time,	at 12:0:	l a.m. on	the ea	arlier o
ated	АҮ ОСТОВ	ER 24TH		2017							
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee