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10/18/2018

02:39 PM

TO:18506176383 FROM:5615375904

## 10/18/2018 vis**io**n of Corporations nic **Filing C**ove**d** \$heet

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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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 : LARSON ACCOUNTING AND CONSULTING SERVICES

Account Number : I20160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

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

mail	Address:		

(

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PDA SOLUTIONS LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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S. PRATHER

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TO:18506176383 FROM:5615375904

## **COVER LETTER**

то:	Division of Corp			
emb nev		TIONS LLC		
SUBJEC	LI;	Name of Limit	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		CAROLINE G LARSON		
		LARSON ACCOUNTING	Name of Person AND CONSULTING SERVICES	
			Firm/Company	
		7901 KINGSPOINTE PKV	VY STE 17	
		ORLANDO, FL 32819	Address	
		CAROL@LARSONACC.C	City/State and Zip Code COM	<del></del>
		E-mail address: (	to be used for future annual report notific	cation)
For furt	her information c	oncerning this matter, please ca	all:	
CARO	LINE G LARSON	1	407 370-3686 at ( )	
	Name o	ſ Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for the	he following amount:		
\$25	5.00 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

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TO:18506176383 FROM:5615375904

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PDA SOLUTIONS LLC

(Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/04/2017 Florida document number L17000247720 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

LARSON ACCOUNTING AND CONSULTING SERVICES Name of New Registered Agent:

7901 KINGSPOINTE PKWY STE 17 New Registered Office Address: Enter Florida street address

ORLANDO

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.

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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 N/A	Address N/A	Type of Action
N/A			Add
			Remove
			Change
			□ Remove
			□ Change
			□ Remove
			□ Change
			D Add
			☐ Remove
			O Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			□ Change

(If an effective Note: If the document's	date, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this deffective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a days after the record is filed.	filing.) Pursuant to 605.02 date will not be listed
(b) The 90t	th day after the record is filed.	
Dated	10116. PO18	2018 OC1
		> <u>C</u> <b>Z</b>
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member  CO-010 B. LANDS 15-50 C	DCT 18

Filing Fee: \$25.00