<u> 1180000 36388</u>

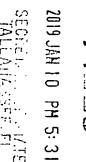
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

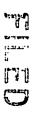
Office Use Only



800322511368

800322511363 01710/19--01020--001 ##25.00





R. WHOL 3331023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pre-Relase Monitoring Services LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisa Woods
Name of Person
Pre-Release Monitoring Services
7680 Westwood & Unit 806
Address
Tamarac, Fl. 33321 City/State and Zip Code
City/State and Zip Code / Woods 704
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lish Woods at (239) 872-3360 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$Certified Copy (additional copy is enclosed)} \$\Bigcup \$Certified Copy (additional co

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

FILED

Pre - Relast Mon (Name of the Limited Liability Con (A Florida Limit	npany as it now appears of ed Liability Company)	2019 JAN 10 PM 5: 31 Services. 25 State TALLAMASSEE, FL	
The Articles of Organization for this Limited Liability Compa Florida document number <u>LI800003638</u> 8	any were filed on	and assigned	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited			
(Principal office address MUST BE A STREET ADDRESS)	2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, enter the name of t	he_new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	ı street address	
	City	, Florida Zip Code	
	Cuy	Zip Coue	

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change

					_ ·	
						·
					•	
			· · · · · · · · · · · · · · · · · · ·			
	 				·	
						
						
	 			<u> </u>		
					 	
					,	
						
<u>vote:</u> If t	date, if other than we date is listed, the date the date inserted in thi is effective date on th	s block does not r	neet the applicab	date of filing or more to le statutory filing rea	(optiona han 90 days after fili quirements, this da	ol) ng.) Pursuant to 605.020 te will not be listed a
	d specifies a dela th day after the i			an effective time	e, at 12:01 a.m	i. on the earlier
ated	1-5	- Q	2019	ar la		
		<i>()</i> 1 1 1 1 1 1				
		Signature of a	member or authori	red representative of a	member	

Page 3 of 3

Filing Fee: \$25.00