## 118000056887

(Requestor's Name)
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2022 APR II AM 7: 23
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

## **COVER LETTER**

TO:	Registration So Division of Co			4
end bur		e and Associates, LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Herbert Keith Wade		
			Name of Person	
		Keith Wade and Associate	s, LLC	
			Firm/Company	<del></del>
		PO Box 305		
			Address	<del> </del>
		Babson Park, FL 33827		
		<u> </u>	City/State and Zip Code	
		keithwade@usa.net		
			to be used for future annual report noti	dication)
For furt!	her information c	concerning this matter, please co	ail:	
Herbert	Keith Wade		863 521-3759 at ( )	
	Name c	of Person	Area Code Daytim	te Telephone Number
Enclose	d is a check for t	he following amount:		
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration	Section	Street Address: Registration Se	
	Division of C P.O. Box 632	-	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION OF 2022 APR 11 AM 7: 23

<b>0</b>	)F	SASS BEN 11	
Keith Wade and Associates, LLC  (Name of the Limited Liability Compa (A Florida Limited)		SECRETARY TALLAHA	OF STATE SSEE, FL
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	i <mark>ny as it now appear</mark> Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company  Torida document number 12800056887 48000 5688	were filed on 3/5		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
Project Support and Services Group, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		/	<u>/</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our ro	ecords, enter the	name of the new register
No. 11 of Nov. Do. 121 of A. 11			
Name of New Registered Agent:		/	
New Registered Office Address:	Exter Flor	ida street address	
		Florid	la
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in C	my duties, and I Thapter 605, F.S.	am familiar with and . Or, if this document is

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remove	
			□Change	
			□Add	
		/	□Remove	
			🗀 Add	
			□Remove	
			□Add	
			□Remove	
	/		□Add	
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			□Change	
	<del></del>	<del></del>	□Add	
			Remove	
			□Change	

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Effective date, if other than the (If an effective date is listed, the date managed in this I document's effective date on the line of the	e date of filing:
the record specifies a delayed effect cord is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 6	2022
Dated	
	Signature of a member or authorized representative of a member
Herbert Keith Wade	
<del></del>	Typed or printed name of signee