L18000083276

(Ře	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	LFE Profes	sional Services Group LLC		
sonone i	~	Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Robert M. Quintal		
			Name of Person	
		LFE PSG		
			Firm/Company	
		4613 Rue Bordeaux		
			Address	 _
		Lutz FL 33558		
			City/State and Zip Code	
		Rob@LFESolutions.com		
		h-mail address: (to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Robert Qui			978 270-1851 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 H	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:

TO:

Registration Section

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

LFE Professional Services Group LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Complete Horida document number L18000083276	pany were filed on 04/02/2018	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applicable:			<u>S</u> .,_
(Principal office address MUST BE A STREET ADDRES	<u></u>		21 <u>CH</u>
			<u> </u>
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
			<u></u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		the name of	f the ney
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Presiden+	Robert Quintal	4613 Rue Bordeaux Lutz FL 335 5 8	Add
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Tective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or rote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	nore than 90 days after filing.) Pursuant to 605.020
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier o
06/27/2018	
neu	

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Typed or printed name of signee

Filing Fee: \$25.00