

L18000 116824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

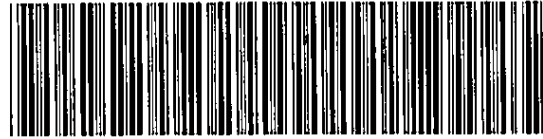
(Business Entity Name)

(Document Number)

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18 MAY 17 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

K. SALV

MAY 18 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASSURED COPIER ENTERPRISES SERVICES LLC

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:

TREVOR A LETTMAN

Name of Person

ASSURED COPIER ENTERPRISES SERVICE LLC

Firm/Company

9940 LIBERTY ROAD

Address

BOCA RATON, FLORIDA 33434

City/State and Zip Code

carl.pitter@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL S PITTER

at ( 954 ) 733-7717

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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**

ASSURED COPIER ENTERPRISE SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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18 MAY 17 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/09/2018 and assigned  
Florida document number L18000116824.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ASSURED COPIER ENTERPRISE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

9940 LIBERTY ROAD

**(Principal office address MUST BE A STREET ADDRESS)**

BOCA RATON, FLORIDA 33434

**Enter new mailing address, if applicable:**

9940 LIBERTY ROAD

**(Mailing address MAY BE A POST OFFICE BOX)**

BOCA RATON, FLORIDA 33434

**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:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, **Florida**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TREVOR A LETTMAN	9940 LIBERTY ROAD BOCA RA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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MAY 17 PM 2:35  
18  
CLERK OF DISTRICT COURT  
STATE OF TEXAS  
COUNTY OF DALLAS

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 14TH, 2018

\* Lucas A. Lehtonen

Signature of a member or authorized representative of a member

TREVOR A. LETTMAN

Typed or printed name of signee