L18000124373

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COVER LETTER

TO:		stration Sect sion of Corp						
SUBJE		Professional	Document Services, LLC					
SUBJE	C1		Name of Lim	ited Liability Company				
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please re	eturn	all correspon	dence concerning this matter	to the following:				
			Terri Harris					
				Name of Person		_		
				Firm/Company		-		
			3080 Quayside Court, #20.	5			جہ	
				Address		- :	2913 :	
			Melbourne, FL 32935				1877 23	
				City/State and Zip Code	#AP-14-11-1-1	- · . ·	•	ن ــــــــــــــــــــــــــــــــــــ
			terreharris@hotmail.com	to be used for future annual rep			و سند	٦
For furtl	her int	formation cor	ncerning this matter, please co	·	ort nottrication)	,	₽ 5 9	
Terri Ha	arris			770 316-8 at ()			•	
		Name of I	Person	Area Code	Daytime Telephone Numbe	r		
Enclosed	d is a	check for the	following amount:					
■ \$25 .	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Fi Certifies d) Certifies (additional	ite of St I Copy	atus &	

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

Professional Document Services, 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 May 17, 2018 and assigned Florida document number _ L18000124373 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Professional Document Solutions, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Ç 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 Citv

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

$\mathbf{AMBR} = 1$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other tha	n the date of filing	•		(optional)		
If an effective date is listed, the da	ate must be specific and	cannot be prior to o		n 90 days after filing.		
Note: If the date inserted in document's effective date on	this block does not m	eet the applicable	e statutory filing requ	irements, this date	will not be lis	sted as 1
document's effective date off	the Department of St	iaic s records.				
ne record specifies a de The 90th day after th		ate, but not a	n effective time,	at 12:01 a.m.	on the earl	ier of:
Dated May 21.		2018				
	Harris					
Jen) was			ember		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00