

# L18000127536

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP 10 AM 5:36

N COOPER

SEP 13 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Comprehensive Scheduling Solutions 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:

Carol James

Name of Person

Comprehensive Scheduling Solutions LLC

Firm/Company

4530 SW Oscar Ct

Address

Port St. Lucie FL 34953

City/State and Zip Code

CompSchSol@gmail.com

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

For further information concerning this matter, please call:

Carol James

Name of Person

at 873 732-3678

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**

Comprehensive Scheduling Solutions 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 5/21/18 and assigned  
Florida document number L18000127536

This amendment is submitted to amend the following:

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

N/A

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)**

N/A

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

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

**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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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.*

N/A

**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 <del>AMBR</del>	CAROL JAMES	4530 S.W OSCAR CT	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN # 83-0616353

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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)

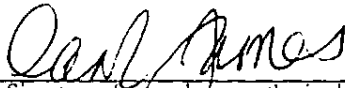
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/4/18



Signature of a member or authorized representative of a member

CAROL JAMES

Typed or printed name of signer



**Department of the Treasury**  
**Internal Revenue Service**  
**Ogden, UT 84201**

In reply refer to: 0437698087  
Jul 19, 2018 LTR 147C  
83-0616353

**COMPREHENSIVE SCHEDULING SOLUTIONS LLC**  
**CAROL JAMES SOLE MBR**  
**4530 SW OSCAR CT**  
**PORT ST LUCIE FL 34953-7565 300**

Taxpayer Identification Number: 83-0616353

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of July 19th, 2018.

Your Employer Identification Number (EIN) is 83-0616353. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

/s/ Ms. Sethman  
1002907816  
Customer Service Representative



## **Comprehensive Scheduling Solutions LLC**

### **ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY**

The undersigned organizer hereby adopts the following articles

#### **ARTICLE 1**

##### **Name**

The name of the limited liability company is... Comprehensive Scheduling Solutions LLC

#### **ARTICLE 2**

##### **Principle and Mailing Address**

The complete Street Address of the initial designated principle office is

4530 South West Oscar Ct  
Port St Lucie Florida 34953

#### **ARTICLE 3**

##### **Registered Agent**

The name of the initial registered agent is

**Carol James**

The Street address of the registered agent is

4530 South West Oscar Ct  
Port St Lucie Florida 34953

**ARTICLE 4**  
**STATEMENT OF ACCEPTANCE BY REGISTERED AGENT**

I ...**Carol James** hereby acknowledges and accepts all responsibilities pertaining to  
the organization of Comprehensive Scheduling Solutions

**CAROL JAMES**  
Registered Agent

**ARTICLE 5**  
**Management**

The Limited Liability Company is managed solely by **Carol James**

**ARTICLE 6**  
**Members**

**Carol James** is the sole member and carries title of **CEO/ Administrator** of  
Comprehensive Scheduling Solutions LLC

**ARTICLE 7**  
**Purpose**

The purpose for which this company is organized is to conduct a Homemaker  
Companion Services to aide seniors to comfortably stay in the comfort of their own  
homes

**ARTICLE 8**  
**ORGANIZER**

I **Carol James ....** Residing at 4530 South West Oscar Ct Port St Lucie Florida 34953  
**Execute these** articles of Organization dated this 15<sup>th</sup> Day of - August 20 - 2018