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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

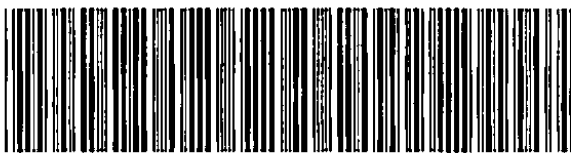
(Business Entity Name)

(Document Number)

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FILED

2019 JAN 29 PM 3:15

D. BRUCE  
FEB 04 2019

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: CMS Commercial Services LLC  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hannah Boyd  
Name of Person

Business Control Service, Inc  
Firm/Company

3925 S. Nova Road  
Address

Port Orange, FL 32127  
City/State and Zip Code

bcs@businesscontrolservice.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hannah Boyd at ( 386 ) 760-5454  
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

FILED  
2019 JUN 29 PM 3:16  
TALLAHASSEE, FL

TO  
ARTICLES OF ORGANIZATION  
OF

LMS Commercial Services LLC

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

Articles of Organization for this Limited Liability Company were filed on 1/1/19 and assigned  
Florida document number L19000006118.

If an amendment is submitted to amend the following:

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

LMS Commercial Services LLC

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

If amending principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If amending mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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*

Florida

City

Zip Code

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  
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is  
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

removed from our records:

GR = Manager

IBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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2019 JUN 29 PM 3:15  
FBI - NEW YORK  
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FILED

2019 JAN 29 PM 8:15  
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STATE OF NEW YORK  
DEPARTMENT OF STATE

Effective date, if other than the date of filing: 1/22/19 (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 a record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
The 90th day after the record is filed.

dated January 22nd 2019  
  
Signature of a member or authorized representative of a member  
David Staines  
Typed or printed name of signee