# K19000009502

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| Certified Copies        | Certificates      | s of Status    |
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| Special Instructions to | Filing Officer:   |                |
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SECRETARY OF STATE TALLAHASSEE, FLORID.

### **COVER LETTER**

|              | Registration Se<br>Division of Cor |  |   |                    |                                 |               |
|--------------|------------------------------------|--|---|--------------------|---------------------------------|---------------|
| 0 t la 110 c |                                    | Professional Business Service              | s, LLC  |                    |                                 |               |
| SUBJEC       | 1:                                 | Name of Limi                               | ited Liability Company  |                    |                                 |               |
| The enclo    | sed Articles of                    | Amendment and fee(s) are sub               | mitted for filing.  |                    |                                 |               |
| Please ret   | urn all correspo                   | ndence concerning this matter              | to the following:   |                    |                                 |               |
|              |                                    | Lisa-Marie Garcia                          |   |                    |                                 |               |
|              |                                    |  | Name of Person  |                    | 5.7                             |               |
|              |                                    | Palm Beach Professional B                  | dusiness Services   |                    | 2022 JUL -5 SECRETARY TALLAHASS |               |
|              |                                    |  | Firm/Company  |                    |                                 | دوون<br>مودوع |
|              |                                    | 1035 Cameo Circle                          |   |                    | mo 🗩                            | TI            |
|              | Address                            |  |   |                    | <b></b>                         |               |
|              |                                    | West Palm Beach, FL 3341                   |   |                    | 8: 16<br>STATE<br>LORID         |               |
|              |                                    |  | City/State and Zip Code   |                    |                                 |               |
|              |                                    | Poposiic @ an<br>E-mail address: (1        | ail. Com to be used for future annual report notif                  | ication)           |                                 |               |
| For furthe   | er information c                   | oncerning this matter, please co           |   |                    |                                 |               |
| Lisa-Mar     | ie Garcia                          |  | 561 319-7303  |                    | _                               |               |
|              | Name o                             | f Person                                   | Area Code Daytime   | : Telephone Number | <del></del>                     |               |
| Enclosed     | is a check for th                  | ne following amount:                       |   |                    |                                 |               |
| □ \$25.0     | 00 Filing Fee                      | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C        | of Status &                     |               |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Palm Beach Professiona; Business Services                       |  |                                     |
|---|--|-------------------------------------|
| ( <u>Name of the Limited Liabi</u><br>(A Florid                 | lity Company as it now appears on our l<br>la Limited Liability Company) | records.)                           |
| The Articles of Organization for this Limited Liability         | Company were filed on 01/08/2019   | and assigned                        |
| Florida document number L19000009502                            |  |                                     |
| This amendment is submitted to amend the following:             |  |                                     |
| A. If amending name, enter the new name of the lin              | nited liability company here: N/   | A                                   |
| The new name must be distinguishable and contain the words "Lie | mited Liability Company," the designation                                | "LLC" or the abbreviation PL.C."    |
| Enter new principal offices address, if applicable:             | <u>NIA</u>   |                                     |
| Principal office address MUST BE A STREET ADD                   | RESS)  |                                     |
|   | <u></u>  |                                     |
| Enter new mailing address, if applicable:                       | NIA  | F STATE                             |
| Mailing address MAY BE A POST OFFICE BOX)                       |  |                                     |
|   |  |                                     |
| 3. If amending the registered agent and/or register             |  | enter the name of the new registere |
| gent 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.

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 |
|--------------|-------------------|---------------------------|----------------|
| MGR          | Lisa-Marie Garcia | 1035 Cameo Circle         | □Add           |
|              |                   | West Palm Beach, FL 33417 | □Remove        |
|              |                   |                           | Change         |
|              |                   |                           | 🗆 Add          |
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| ffective date, if other than the an effective date is listed, the date m | ust be specific and c | annot be prior | to date of filing | or more than 90                              | _ (optional)<br>lays after filing | .) Pursuant to | 605.020        |
| iote: If the date inserted in this ocument's effective date on the       | olock does not me     | et the applica | able statutory    | tiling requirem                              | ents, this date                   | will not be    | listed a       |
| record specifies a delayed effect<br>I is filed.                         | ive date, but not a   | n effective ti | me, at 12:01 a    | .m. on the earli                             | er of: (b) Th                     | ne 90th day    | after the      |
| June 23  |                       | 2022           |                   |  |                                   |                |                |
| ated June 23   |                       |                | _ ·               |  |                                   |                |                |
| $\triangle$  |                       | 71             |                   |  |                                   |                |                |
| Line   | Signature of a me     | parcio         | د                 |  |                                   |                |                |

Filing Fee: \$25.00