119 00000 75433

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Estation Estation)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400338251554

12/30/19--01012--016 **25.00



Y SULKEP JAN 2 8 2020

COVER LETTER .

	ration Sect n of Corpe			•	
PL	r .R SERVIC	CES LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed Ar	ticles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return all	correspond	lence concerning this matter	to the following:		
		Marc A. Rossi			
			Name of Person	_	
		PLR Services LLC			
			Firm/Company		
		621 NW Sunset Drive			
			Address	·	
		Stuart, FL 34994			
			City/State and Zip Code		
		marcrossi@rkmllp.com			
For further infor	mation con	n-mail address: (cerning this matter, please e	to be used for future annual re	port notification)	
Marc A. Rossi		eerming time matter; prease to	703 4039	9075	
	Name of P	erson	at () Area Code	Daytime Telephor	ne Number
Enclosed is a che	eck for the I	following amount:			
■ \$25.00 Filing	g 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLR SERVICES LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any avit now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L19000075433	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1	20
Principal office address MUST BE A STREET ADDRESS)		2019 DEC
		, <u>a</u>
		0 :
Enter new mailing address, if applicable:		P
Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
		10
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the	ne name of the new regis
	, Flor	idaZip 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Lynn A. Rossi	621 NW Sunset Drive	■Add
		Stuart, FL 34994	□Remove
			□Change
AMBR	Marilyn Simulescu	4008 N WASHINGTON AVE	
		DURANT, OK 74701	Remove
			□Change
AMBR	Nicole Jarrell	4008 N WASHINGTON AVE	⊡Add
		DURANT, OK 74701	■Remove
			①Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
	····		□Add
			□Remove
			□ Change
			□AJd
			□Remove
			-

			<u>.</u>				
				~			<u> </u>
							
					· · · · · · · · · · · · · · · · · · ·		**
	-						
							**
		 -			<u> </u>	<u> </u>	
				~			
			<u>-</u>				
					<u>.</u>	_	
				 .			
							
					·		
						_	
		<u></u>					
	 			-			

Filing Fee: \$25.00