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C. GOLDEN APR 1 6 2019

## **COVER LETTER**

TO: **Registration Section Division of Corporations** Princess IT Services, LLC SUBJECT: \_ 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: Dianne Lutz Name of Person Princess IT Services, LLC Firm/Company 2750 NW 44 street, Apt 605 Address Ft. Lauderdale FL 33309 City/State and Zip Code Princess.IT.llc@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Dianne Lutz 954 203-0443 Area Code Daytime Telephone Number Name of Person iclosed is a check for the following amount: \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

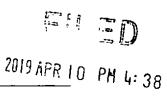
#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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**



Princess IT 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 \_\_\_\_\_\_\_03/28/2019 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: <u>Principal office address MUST BE A STREET ADDRESS</u>) inter new 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 gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and vept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability npany has been notified in writing of this change.

City

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>	Type of Action
MGR	Dianne Lutz	2750 NW 44 street, Apt 605, Ft. Lauderdale FL 33309	■ Add
			□ Remove
		<del></del>	□ Change
AMBR Dianne Lutz	Dianne Lutz	2750 NW 44 street, Apt 605, Ft. Lauderdale FL 33309	<b>=</b> Add
			□ Remove
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'. '	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	4/7 2019
Dated	
	Signature of a member or authorized representative of a member
	Dianne Lutz

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00