## L20000279305



(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
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09/30/24--01015--001 \*\*25.00



## **COVER LETTER**

TO: Registration Sec Division of Corp	ction porations		, and the second second
Principal Se	ervice llc		_
SUBJECT:	Name of Limite	ed Liability Company	
	Amendment and fee(s) are subm		
Please return all correspo	ndence concerning this matter to	o the following:	
	Walter Wainstein		
		Name of Person	
	Exit24 Management & Con	sulting llc	
		Firm/Company	
	7401 Palomino Dr Apt 117		
		Address	
	Hollywood, FL 33024		
	wwainstein@hotmail.com	City/State and Zip Code	
		o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Walter Wainstein		786 399-0460	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 6: Tallahassec	Section Corporations 327	Street Address: Registration Second Division of Core The Centre of Total 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRINCIPAL SERVICE LLC  (Name of the Limited L.	iability Compar	ny as it now appears on our recordiability Company)	<u>ds.</u> )	
The Articles of Organization for this Limited Liabil Florida document number			and assig	;ned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liabi	ility company here:		
The new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L	.C."
		5310 NW 88th Ave Apt B102	2 (- [-]	_
Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET A		Sunrise, FL 33351	51.1 12.	
Principal office address MOST BE ASTRICETY	10001		£	
Enter new mailing address, if applicable:		5310 NW 88th Ave Apt B103		
(Mailing address MAY BE A POST OFFICE BOX)		Sunrise, FL 33351		
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office here:	address on our records, ente	er the name of the new	regi
Name of New Registered Agent:		ement & Consulting Ile		
_	7401 Palomino Dr Apt 117			
New Registered Office Address:		Enter Florida street addi		
	Hollywood	, 1	Florida 33024	
		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
			□Add
			□Remove
			□Remove
			□ Change
			□Remove
		<del></del>	Change
			□Add
			□Change
			□Remove
			Change
			□Remove
			□Change

Frective date, if other than the date of filing:	<del></del>	
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Filing Fee: \$25.00