

4/18/23, 3:43 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L23000145023ABCT**

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE PENSION SOURCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

THOMAS

APR 19 2023

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Pension Source, 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 03/31/2023 and assigned Florida document number 1.23000145927.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. 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:

NRAI Services, Inc.

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

Florida 33324

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.*

*Stephanie Hencz*

Stephanie Hencz Assistant Secretary

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>	<u>Type of Action</u>
MGR	PAR Services Group, LLC	2110 SE Ray's Way	<input checked="" type="checkbox"/> Add
		Stuart, FL 34994	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Glendon E. Hughes	2110 SE Ray's Way	<input type="checkbox"/> Add
		Stuart, FL 34994	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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