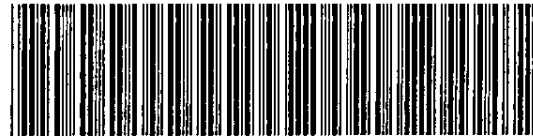


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/20/11--01028--027 \*\*11.26

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 19 PM 1:56

T. HAMPTON

MAY 20 2011

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PURE PRESSURE SERVICES, LLC  
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:

ASHTON HULSCHIEK  
Name of Person

PURE PRESSURE SERVICES, LLC  
Firm/Company

101 SAND PINE WAY  
Address

ROYAL PALM BEACH, FL 33411  
City/State and Zip Code

HULSCHIEK@BILCSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHTON HULSCHIEK at (561) 329-1986  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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)

→ SENT CHECK ALREADY

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

→ Total = \$ 55.00  
 Amt already pd = \$ 43.75 (see letter)  
 Balance due = \$ 11.25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 MAY 19 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 12, 2011

ASHTON HULSCHER  
101 SAND PINE WAY  
ROYAL PALM BEACH, FL 33411

SUBJECT: PURE PRESSURE SERVICES, LLC  
Ref. Number: L05000034982

We have received your document for PURE PRESSURE SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 511A00011806

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 19 PM 1:56

PURE PLEASURE 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 04/27/09 and assigned Florida document number 605000034882.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

AH PROFESSIONAL SERVICES, LLC

The new name must be distinguishable and end with 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)

N/A  
N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

New Registered Office Address:

N/A  
Enter Florida street address

N/A, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

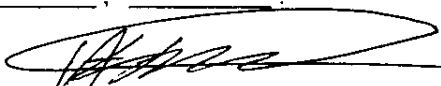
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member  
AGITON HILSCHEIR  
Typed or printed name of signee

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DIVISION OF CORPORATIONS  
11 MAY 19 PM 1:56