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DIVISION OF CORPORATIONS
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Amend

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTH FLORIDA MULTISERVICES, 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:

ANGEL ARMANDO MARTINEZ
Name of Person
SOUTH FLORIDA MULTISERVICES, LLC
Firm/Company
1709 WHITEHALL DR. APT 205
Address
DAVIE, FL 33324
City/State and Zip Code
sflmultiservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Armando Martinez at (786) 6038941
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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JUN 15 PM 3:58

SOUTH FLORIDA MULTISERVICES, 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 AUGUST 29, 2008 and assigned Florida document number L08000082808.

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: 1709 WHITEHALL DR. APT 205 DAVIE, FL 33324

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1709 WHITEHALL DR. APT 205 DAVIE, FL 33324

(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: ANGEL ARMANDO MARTINEZ

New Registered Office Address: 1709 WHITEHALL DR. APT 205

Enter Florida street address

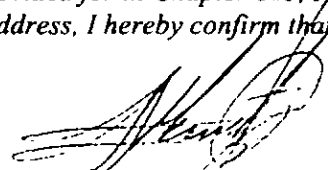
DAVIE, Florida 33324

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.



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 | MARTA LETICIA ESCUTIA | 5200 NW 31ST AVE APT L210 | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE FL 33309 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | JOSE R MARTINEZ | 1709 WHITEHALL DR APT 205 | <input type="checkbox"/> Add |
| | | DAVIE, FL 33324 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ANGEL ARMANDO MARTINEZ | 1709 WHITEHALL DR APT 205 | <input checked="" type="checkbox"/> Add |
| | | DAVIE, FL 33324 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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