## 09000100084

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Certified Copies	_ Certificates of	of Status
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M. THOMAS OCT 2 2 2009 **EXAMINER** 

## **COVER LETTER**

TO:	Registration Se Division of Co		•			
SUBJE	CT:	America L	ab Services, LLC.			
SODJE	CI	<del></del>	ted Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
			Christina Bowman			
			Name of Person			
	First American Financial Services		×			
	Firm/Company					
	2430 Estancia Blvd. Suite 205					
			Address		TAL SE	<b>17</b>
			City/State and Zip Code		2009 OCT 22 AM II: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	1 1 
		s			ASSI ASSI	
		E-mail address: (	support@fafsinc.com to be used for future annual report notif	ication)	E OF S	C
For furt	her information of	concerning this matter, please of	call:		1: 18	
		stina Bowman	at ( 727 )	712-2214	×	
	Name o	of Person	Area Code & Daytim	e Telephone Numbe	r	
Enclose	ed is a check for t	he following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	ite of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corporation Building 2661 Executive Court Tallahassee, FL 32	on rations enter Circle	÷.	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

America La	b Services, LL	.C.		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now app ted Liability Compan	ears on our records.)	1	
The Articles of Organization for this Limited Liability Com	pany were filed on _	October 15, 20	009 and assi	gned
Florida document numberL09000100084				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company l	<u>nere</u> :		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Cor	npany," the designatio	n "LLC" or the al	breviation
Enter new principal offices address, if applicable:			3AT	
(Principal office address MUST BE A STREET ADDRES			500	week and
Principal office unaress MOST BE A STREET ADDRES	<u></u>		ARE S	
	<u></u>		SER 2	
			E S	Ш
Enter new mailing address, if applicable:		<del></del>	_ <del></del>	$\overline{}$
(Mailing address MAY BE A POST OFFICE BOX)			TATE 8	
			حر حر	<del></del>
B. If amending the registered agent and/or registere	d office address o	n our records out	er the name of	i the new
registered agent and/or the new registered office address		i oui records, <u>enc</u>	er the name of	the new
Name of New Registered Agent:	··		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
		Enter Florida street	address	
	Cir.	, Florida	Zip Code	
	City		Zip Coae	•

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 = N	Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Vincent Aiello	2611 Keystone Road Suite B5 Tarpon Springs, FL 34688	Add  ✓ Remove
MGR	Mary Ann Aiello	2611 Keystone Road Suite B5 Tarpon Springs, FL 34688	Add Remove
			BAdd Remove
			Remove
			Add Remove
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necess	Add Remove
_			
Dated	October 19	, <u>2009</u> .	
	Signature of	a member or authorized representative of a member  David Dubow	
		Typed or printed name of signee	

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Filing Fee: \$25.00