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(Requestor's Name)
, ,
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. PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXAMINER

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COVER LETTER

TO:	Registration So Division of Co			
SUBJE	СТ:	FLSS,	LLC	
	,	Name of Lim	ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	r to the following:	
		Bradfo	Name of Person LLC Firm/Company	
			Name of Person	~
		FLSS	, LLC	
			Firm/Company	7
		6900-29	Daniels Parkw Address	ay#262 H = 55
			Address	
		Ft. Myers	FL 33912 City/State and Zip Code	
		l. 5 d.	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	tion)
For furt	her information c	concerning this matter, please o	call:	
A	lex Co.	cbin	at (563) 639 - Area Code & Daytime T	1696
	Name o	f Person	Area Code & Daytime T	elephone Number
Enclose	d is a check for th	ne following amount:		
	00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLSS, L	-L C	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	nary 24, 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	2011
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LEC" of the abbreviation
Enter new principal offices address, if applicable:		Charles To the Control of the Contro
(Principal office address MUST BE A STREET ADD	PRESS)	<u> </u>
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	orida street address
		, 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 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 **Title Type of Action** <u>Name</u> Address MGRM Maxwell Martin Richard 3055 Parkwild Drive Bettendorf, IA 52722 Remove ___Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 2/ , 2011.

Brasson Achiell managing member
Signature of a member or authorized representative of a member Bradford Schnell
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00