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Series Series

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D. BRUCE

OCT 18 2011

EXAMINER

COVER LETTER .

TQ: Registration Division of C					
SUBJECT: A	Sh Services LI Name of Limi				
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Shelly	Honey Name of Person			
	Ash S	PERVICES, LLC Firm/Company			
	12290 49t	3 St. N. Svite W.	ust		
	<u>Uearux</u>	Her FL 33762 City/State and Zip Code		11: OCI SECRE TALLAH	Π
	Shelly 6 E-mail address: (to be used for future annual report notifica	ntion)	IL I	= -
For further information	concerning this matter, please o	all:		OF STATE E. FLORIDA	
heith Name	of Person	at (717) 540-9190 Area Code & Daytime 1		DA C	
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)	Certified	te of Status &	

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

(Name of the Limited Liability (A Florida L	Company as it now appears of imited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>LO300014604</u>	ompany were filed on Avoi	1123,2003 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company	"the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		> c →		
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TIT PRESIDA		
B. If amending the registered agent and/or registored agent and/or the new registered office addr		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	F4	Elouida etuoet adduses		
	Enter Florida street address			
	City	, Florida Zip Code		
	/	r		

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 **Title** <u>Name</u> **Address Type of Action** MGR Add
Remove □ Add Remove ☐ Add □ Remove ☐ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00