

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FAST SERVICE LLC Account Number : 120090000091 Phone : 1786)280-3562

Fax Number : (305)820-9223

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MAG SERVICES, L.L.C.

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## H090002195683

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	SERVICES L.L.C	
(Name of the Limited Liabli (A Florid	Ity Company as It now appe a Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability	Company were filed on	11/07/2003 and assigned
Florida document numberL03000043178	_ <del>_</del>	The Hand
This amendment is submitted to amend the following:		To the second se
A. If amending name, enter the new name of the li	mited liability company be	<u>:re:</u>
The new name must be distinguishable and end with the w	ords "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
	· · · · · · · · · · · · · · · · · · ·	
	`	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX)		
** ** **		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	$E_{l}$	nter Florida street address
<u> </u>		, 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

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# H09000219 56 83

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>	Name	Address	Type of Action
MGRM	MARINO, MARTHA	8761 NW 57 STREET TAMARAC FI 33321	Add Z Remove
	<del></del>	7	Add Romove
			Add Remova
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
			<del>-</del> 
Dated OCTOBER 13	OCTOBER 13	2009	
	Signature of a r	nember or authorized phresentative of a member	
-		MAURICIO COMEZ Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00

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