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- (Requestor's Name)		
(Address)		

(Add	iress)			
(City/State/Zip/Phone #)				
PICK-UP				
(Bus	iness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
A. LUNT				
	JUN 172008			
EXAMINER				

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Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT:	PIF SERVICES, LLC	
۱	(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:



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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 1 5

<u>PIF</u> SERYIC (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number $_ L 060008/241$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limit" "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SEA
B. If amending the registered agent and/or registered office address here	ce 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:	
New Registered Office Address:	
	(Enter Florida street address)
	, Florida
	(City), Florida (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)

...

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

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<u>Title</u> ,	<u>Name</u>	Address	Type of Action		
MERM	RICKETTS, PRESTON	1310 LD COLONIAL DR ORLANDO, FL 32804	Add Remove		
			Add Remove		
			Add Remove		
			Add Add Remove		
			Add Remove		
			Add Remove		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
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Dated	SUNE 9 . 200	Brown C	_		
Signature of a member or authorized representative of a member WINSTON GARWOOD					
Typed or printed name of signee					
Page 2 of 2					

Filing Fee: \$25.00