## L0700001481

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SECRETARY OF STATE SECRETARY OF CORPORATIONS

J. BRYAN

FEB 1 8 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations		
SUBJECT: 4 Suppo	rt Services LLC		
		ited Liability Company)	
	Amendment and fee(s) are substitute on the substitute of the subst	-	
	LAURA L. GONZALI	EZ (Name of Person)	······
	4 Support Services I	LC	
		(Firm/Company)	<del></del>
	1581 W. 49TH ST #		SECRI
	HIALEAH, FL. 3301	(Address) .	OB FEB 15 PM 2: 21
		(City/State and Zip Code)	X 2
For further information c	oncerning this matter, please o	all:	TIONS TONS
LAURA L. GONZA	LEZ	at (866 ) 641-7344	
(Name o	of Person)	· (Area Code & Daytime	Telephone Number)
Enclosed is a check for the	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 Support Services LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JANUARY 4TH 2007 Florida document number <u>L0700001481</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." B. If amending the registered agent and/or registered office 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) (City) 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

(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						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	CATALINA FERNANDEZ	1581 W. 49TH ST #302 HIALEAH, FL. 33012	Add Remove			
MGRM_	LAURA L. GONZALEZ	1581 W. 49TH ST #302 HIALEAH, FL. 33012	Add Remove			
<del></del>			Add Remove			
<del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Add Remove			
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<u>.</u>			Add Remove			
D. If amend	ling any other information, enter chang	gc(s) here: (Attach additional sheets, if necessary.)	SECRE SECRE			
_		· · · · · ·	FILED: OF CORPORATION 15 PM 2: 26			
Dated FEBL	JARY 11 2008	3	— <b>20</b> , TONS			
		er or authorized representative of a member	· ·			
	Typec	d or printed name of signee	•			

Page 2 of 2.

Filing Fee: \$25.00