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(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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B. BOSTICK AUG 1 6 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
"t	4SUPPOR	T SERVICES LLC		
SUBJECT:		ted Liability Company		
	f Amendment and fee(s) are sub ondence concerning this matter	-		
		Jesse Jones		
		Name of Person		_
	4	4Support Services LLC		
		Firm/Company		
	1	1581 W 49th ST, # 302		
		Address		
		Hialeah, FL 33012		
	tech	City/State and Zip Code @4supportcallnow.co	om	IZ AUG 1
For further information	E-mail address: (concerning this matter, please o	to be used for future annual rep	ort notification)	Section 15
roi iurulei information	concerning this matter, please t	aii.		
	Jesse Jones of Person	at (305)	467-3590 Daytime Telephone Number	
Enclosed is a check for \$25.00 Filing Fee			□\$60.00 Fi Certifie	iling Fee, ate of Status &
MAII	LING ADDRESS:	(additional copy is e		d Copy nal copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 S	SUPPORT SERVICES LL	C		
(<u>Name of the Limited</u> (A	I Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L		01/04/07	and assigned	
Florida document numberL0700000	1481			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability company her	<u>·e</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	nny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applie	cable:	Ţ	N N	
(Principal office address MUST BE A STREE	ET ADDRESS)		S or F	
Enter new mailing address, if applicable:			AH 10:5	
(Mailing address MAY BE A POST OFFICE	<u></u>		किल प	
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter (</u>	the name of the new	
Name of New Registered Agent:	JESSE JONES			
New Registered Office Address:	1581 W 49TH ST, #302			
	Enter Florida street address			
	HIALEAH	, Florida	33012	
	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

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** MGR JESSE JONES 1581 W 49th ST, # 302 ✓ Add Hialeah, FL 33012 Remove LAURA L GONZALEZ MGR 1581 W 49th ST, # 302 ☐ Add ✓ Remove Hialeah Fl 33012 ☐ Add Remove ∏Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 10 2012 Dated __ Signature of a member of authorized representative of a member Jesse Jones Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00