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ALLAHASSSEL FLORIDA

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: All In 1 Pro Services 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:
Jermey Horn Name of Person All In I Pro Services Firm/Company
1669 Carorgetowne BLUD
Sarasata Fl. 34232 City/State and Zip Code Jerneuhorn & Yahoo Com E-mail/address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jermey Horn at (941) 296 -5916 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

2530.00 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**

(Name of the Limited Liability Company (A Florida Limited Liability Company)	Services LLC. y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number 40700014895		
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 "Limite	d Liability Company," the designation "LLC" or the abbrevia	_ tior
"L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>i_</u>
		<u>-</u>
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
		_
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		iew
Name of New Registered Agent: Jason	26th st. West	_
New Registered Office Address:	26th St. West	
2510	Enter Florida street address	
Brade	City, Florida 34205 Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	te performance of my duties, and I am familiar with an ovided for in Chapter 608, F.S. Or, if this document is	nd

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

Familias with

company has been notified in writing of this change.

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 **Type of Action** <u>Title</u> <u>Name</u> MaRM Jason Clark 250 26th st. West Bradenton El. Remove Add Remove Remove Remove Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
windows, drywall, præssure washing,
nurricone protection, gutters,
Sonfits, metal rooting
- Company of the Comp
Dated 1/04/13
1 -7 H President All in 1 ProSavice
Signature of a member or authorized representative of a member
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00
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Company of the second of the s