

W01000108676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

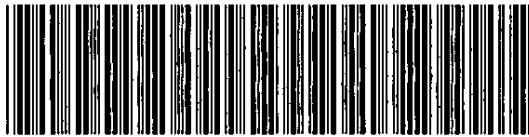
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08 JUL 16 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA COMMUNITY SERVICES, LLC
(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:

FAIZ J MOGANAM

(Name of Person)

FLORIDA COMMUNITY SERVICES, LLC

(Firm/Company)

1000D W MAIN ST

(Address)

AVON PARK FLORIDA 33825

(City/State and Zip Code)

For further information concerning this matter, please call:

FAIZ J MOGANAM

(Name of Person)

at (863) 452-0230

(Area Code & Daytime Telephone Number)

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
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

FILED

08 JUL 16 AM 10:03

FLORIDA COMMUNITY SERVICES, LLC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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 10/28/2007 and assigned Florida document number #L07000108676.

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."

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)

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)

_____, 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)

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:

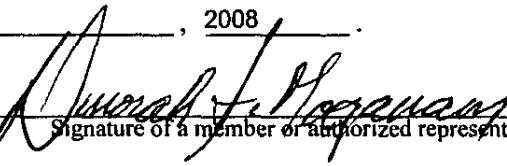
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DINORAH S MOGANAM	9650 MCROY RD SEBRING, FLORIDA 33875	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FAIZ J MOGANAM	9650 MCROY RD SEBRING, FLORIDA 33875	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PRES	DINORAH S MOGANAM	1000 D W MAIN STREET AVON PARK, FLORIDA 33825	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VICE-PR	FAIZ J MOGANAM	1000D W MAIN STREET	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JULY 11 , 2008



Signature of a member or authorized representative of a member

DINORAH S MOGANAM

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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