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2008 NOV - L A ID: 1.
SECRETARY OF STATE

T. HAMPTON

NOV - 5 2008

**EXAMINER** 

## **COVER LETTER**

Registration Section
Division of Corporations

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:		Services, LLC mited Liability Company)	
The enclosed Art	icles of Amendment and fee(s) are su	abmitted for filing.	
Please return all o	correspondence concerning this matte	er to the following:	
		Luis Rodriguez (Name of Person)	
		·	
		(Firm/Company)	
		P.O. Box 110431 (Address)	
	N	liami, Fl 33011-0431 (Clty/State and Zip Code)	<b>=</b>
For further inforr	nation concerning this matter, please	call:	
Lı	uis Rodriguez (Name of Person)	at (	416  Gelephone Number)
Enclosed is a che	ck for the following amount:		
□ \$25.00 Filing	Fee \$30.00 Filing Fee & Sertificate of Status	Certified Copy (additional copy is enclosed)	□\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	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

Quick Si	gning, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now app</u> Liability Company	ears on our records.) y)		
The Articles of Organization for this Limited Liability Company	were filed on _	January 04, 20	08 <sub>■</sub> and assigned	
Florida document numberL0800001253		SECI		
This amendment is submitted to amend the following:		25号	<u> </u>	
A. If amending name, enter the new name of the limited liab	ility company l		_ M > _	
Flash Serv	ices, LLC	FLOT		
The new name must be distinguishable and end with the words "Limit".L.L.C."	ited Liability Con	npany," the designation	'LLC" or the abbreviati	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)		N/A		
		N/A		
Enter new mailing address, if applicable:	****	N/A		
Mailing address MAY BE A POST OFFICE BOX)		N/A		
	g+== <u>0.000</u> , <u>0.000000</u>	N/A		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	fice address or <u>e</u> :	our records, <u>enter</u>	the name of the n	
	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:		N/A	ddunas)	
	(Enter Florida street address)			
	N/A	, Florida	N/A	
	(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>		Type of Action
N/A <sub>m</sub>	N/A		N/A N/A N/A	Add Remove
N/A n	N/A	+	N/A N/A N/A	Add Remove
N/A <sub>m</sub>	N/A	·	N/A N/A N/A	Add Remove
N/A	N/A		N/A N/A N/A	Add Remove
N/A <sub>+</sub>	N/A		N/A N/A N/A	Add Remove
N/A <sub>II</sub>	N/A	<u> </u>	N/A N/A N/A	Add Remove
D. If amendi	ng any other information, e	nter change(s) here: (Attach addition		1
		N/A N/A	- decoder a	0
		N/A		B
		N/A		B
		N/A		<b>_</b> _
Dated	November 02	2008	TAI	_
-	Signature	of a member or authorized representative	e of a member	<u> </u>
-		Luis Rodriguez Typed or printed name of signee	<b>_</b> SSA	<u> </u>
		Page 2 of 2	of S.	
		Filing Fee: \$25.00	STATE	ਰ -