## L080000012434

| (Requestor's Name)                      |                    |             |  |  |
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| (Cit                                    | ty/State/Zip/Phone | #)          |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL '      |  |  |
|   |                    |             |  |  |
| (Bu                                     | siness Entity Nam  | ie)         |  |  |
|   |                    |             |  |  |
| (Do                                     | cument Number)     |             |  |  |
|   |                    |             |  |  |
| Certified Copies                        | _ Certificates     | of Status   |  |  |
|   |                    |             |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
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SECRETARY OF STATE
SECRETARY OF STATE

M. Thomas APR = 0 3308

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |  |
|--|---|---|--|
| SUBJECT: Timothy                       | A Toomey, Process Se  |   |  |
|  | (Name of Lim  | ited Liability Company)   |  |
| The enclosed Articles of               | Amendment and fee(s) are sub  | mitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter                                      | to the following:   |  |
|  | Timothy A Toomey  | (Name of Person)  |  |
|  | Timothy A Toomey, F   |   | ,  |
|  | 420 Park Ave  | (Address)   | D8 APR FI  |
|  | Lake Park, FL 33403   | (City/State and Zip Code)   | 一一   |
| For further information c              | oncerning this matter, please c                                     | ·   | PALED FILED OF STATE OF FLOADA   |
| Christie Toomey                        | of Person)  | at ( <u>561</u> ) <u>707-2435</u><br>(Area Code & Daytime T       | 'elephone Number)  |
| Enclosed is a check for th             | ne following amount:  []\$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

| Timothy A Toomey, Process Ser<br>(Name of the Limited Liabil<br>(A Florid  | Ver, LLC<br>lity Company as it now appears on our relations to the company as it now appears on our relations to the company of t | ecords.)                        |  |
|--|---|---------------------------------|--|
| The Articles of Organization for this Limited Liability Florida document number <u>L0800000:2 434</u>  | Company were filed on 01/07/2008  | and assigned                    |  |
| This amendment is submitted to amend the following:  | :   |                                 |  |
| A. If amending name, enter the new name of the li  | imited liability company here:  | 08 APR                          |  |
| Serve It Toomey, LLC   |   | 是四人                             |  |
| The new name must be distinguishable and end with the variable. L.C."  B. If amending the registered agent and/or regregistered agent and/or the new registered office agent:  New Registered Office Address: | gistered office address on our record<br>ddress here:   | ds, enter the name of the new   |  |
|  | (Enter Florida street address)  |                                 |  |
|  | , Florida   |                                 |  |
| _  | (City)  | (Zip Code)                      |  |
| New Registered Agent's Signature, if changing Registe  I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper   | nt and agree to act in this capacity. I<br>and complete performance of my dut   | ies, and I am familiar with and |  |
| accept the obligations of my position as registerea<br>being filed to merely reflect a change in the registe<br>company has been notified in writing of this chang   | ered office address, I hereby confirm   |                                 |  |

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Ma<br>MGRM = N       | nager<br>Ianaging Member            |  |                |
|----------------------------|-------------------------------------|--|----------------|
| <u>Title</u>               | <u>Name</u>                         | Address  | Type of Action |
| · <del>- · · · · · ·</del> |                                     |  | Add Remove     |
|                            |                                     |  | Add Remove     |
|                            |                                     |  | Add<br>Remove  |
|                            |                                     |  | AddRemove      |
|                            |                                     |  | Add<br>Remove  |
|                            |                                     |  | Add<br>Remove  |
| D. If amend                | ding any other information, enter c | hange(s) here: (Attach additional sheets, if ne                                | ecessary.)     |
| _                          |                                     |  | 08 APR -8 P    |
| <br>Dated                  |                                     | ·  | FILEU OF STATE |
|                            | Timothy A Toomey                    | ember or authorized representative of a member  yped or printed name of signee |                |

Page 2 of 2

Filing Fee: \$25.00