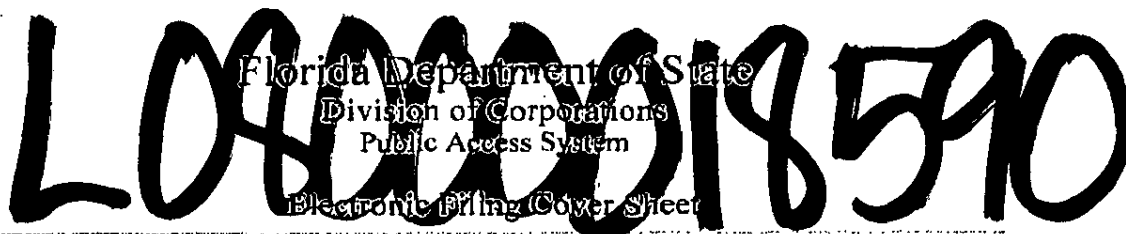


Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000059394 3)))



H080000593943ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXECUTIVE CORPORATE FILING, INC.
Account Number : I20070000059
Phone : (305) 670-3110
Fax Number : (305) 670-2055

08 MAR -6 AM 10:25

SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED

08 MAR -6 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**AMND/RESTATE/CORRECT OR M/MG RESIGN****SBC & ACCOUNTING SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. Tadlock MAR 07 2008

((H08000059394))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

P. 2
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR -6 AM 10:25

SBC & ACCOUNTING SERVICES, LLC

(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 02-21-2008 and assigned
Florida document number L08000018590.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SBC SERVICES, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

((H08000059394))

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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 MARCH 06, 2008



Signature of a member or authorized representative of a member

CLIRVAENS PRESOIR

Typed or printed name of signee