L08000037238

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DIVISION OF CORPORATIONS

J. BRYAN
JUN 2 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SELECT CONCEPTS 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:
SOUTHLAND RECOVERY SERVICES WC FIRM/Company)
120 E. CAKLAND PARK BL #105
FORT CAUDERDALE, FL 33334 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at () (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\simegas \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status (additional copy is enclosed) \$\simegas \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$
MAILING ADDRESS: STREET/COURIER ADDRESS: Parietria Series

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		cords.)
SELECT CON	CEPTS UC	- i of
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our renited Liability Company)	corus.)
	A 15 - 11	
The Articles of Organization for this Limited Liability Con		and assigned
Florida document number <u>L0800003723</u>	8.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ad lighility company here:	
•		· · ·
South LAND RECOVE The new name must be distinguishable and end with the words	RY SERVICES, I	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or register		ds, <u>enter the name of the new</u>
registered agent and/or the new registered office addre	ess 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)

MGR = Manager MGRM = Managing Member **Title** Name Address Type of Action GARY WAYNE 120 E. OAKLAND DIE H. #185 1 Add PT LANDERDALE, FL 33334 DI REMOVE ☐ Add Remove Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ON 06-20-08 A MEETING WAS HELD IN FORT LAUDERDALE, FL AND IT WAS RESOLUED to CHANGE THE COMPANY NAME to! SOUTHLAND RECOVERY SERVICES, LLC Dated JUNE 20, 2008 Signature of a member or authorized representative of a member GARY TARNOWSKI'
Typed or printed name of signee

. 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:

Page 2 of 2

Filing Fee: \$25.00