

Jul 28 2008 3:21 PM

CSH SERVICES

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P.1

**L08000042006**

**Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**ELEVATOR SOLUTIONS COMPANY, LLC**

Certificate of Status	0
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*Per Mr. Perello's  
request deleted  
new name listed  
in Section "A".  
- LUT  
7/29*

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**T. HAMPTON**

JUL 29 2008

**EXAMINER**

JUL 28 2008 3:21PM

CSH SERVICES

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850-617-8381

7/28/2008 8:53

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Florida Dept of State



July 28, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ELEVATOR SOLUTIONS COMPANY, LLC  
479 NW 161 AVE.  
PEMBROKE PINES, FL 33028

SUBJECT: ELEVATOR SOLUTIONS COMPANY, LLC  
REF: L08000042006

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet. This is to advise you that on April 28, 2008, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6855.

Sincerely,

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section Letter Number: 708A00043345

The document number of the name conflict is P06000155996 (ELEVATOR SOLUTIONS, INC).

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H08000181179  
Letter Number: 708A00043345

P.O. BOX 6327 - Tallahassee, Florida 32314

H-08000181179-3

FILED  
08 JUL 28 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF****ELEVATOR SOLUTIONS COMPANY, 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 4/28/2008 and assigned  
Florida document number L08000042006

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."

**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)**

H-08000181179-3

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

Title	Name	Address	Type of Action
MGRM	RAYMOND PONCE	479 NW 161 AVE PEMBROKE PINES FL 33028	<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
			<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 JULY 25, 2008

*Gregory Perello*  
Signature of a member or authorized representative of a member

GREGORY PERELLO

Typed or printed name of signee

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