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To:

Division of Corporations Fax Number

: (850)617-6383

From:

: CSH SERVICES, LLC Account Name

Account Number : J20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TRUSTED FIELD SERVICES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUSTED FIELD SERVICES, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recordinated Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on07/31/2008	and assigned
Florida document number L08000073563	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	is "Limited Liability Company," the designation	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7 S 8 -
(Principal office address MUST BE A STREET ADDR.	ESS)	- CO
•		<u> </u>
Enter new mailing address, if applicable:		LE RY OF SEE,
(Mailing address MAY BE A POST OFFICE BOX)		FS D
		デン 9 - ライ -
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida sti	reet address)
	(City), Flor	ida(Zip Code)
	(0.09)	imb comp

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)

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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:					
or Managing Member being added or removed from our records: # 18 000 2437444.3 MGR = Manager MGRM = Managing Member					
Title	<u>Name</u>	Address	Type of Action		
MGRM	VICTOR LANTIGUA	17184 SE 143RD PLACE MIAMI FL 33177	Add Remove		
MGRM	EDUARDO POLLO SR.	1619 SW 138 AVE. MIAMI, FL 33175	Add Remove		
MGRM	LIZET MARIA VIZCAYA-POLLO	21201 SW 187TH AVE MIAMI FL 33187	Add Remove		
			Add Remove		
	·		Add Remove		
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if	Add Remove OR OCT 27 M FILED FILED FILED		
	07 0000		AM 9: 40 STATE FLORIDA		
Dated <u>UCIO</u>	ber 27, 2008				
	EDUARDO POLLO	r or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·		
	Турей	or printed name of signce			

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