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J. BRYAN

JUN 11 2010

EXAMINER

COVER LETTER

TO:	Registration : Division of C				
SUBJI	ECT:	PROFESSION	AL TILT SERVICES	. INC	
0020			mited Liability Company	<u> </u>	•
The en	closed Articles of	of Amendment and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this mat	ter to the following:		
			JOSE Y ORJUELA		
			Name of Person		
		PROFE	SSIONAL TILT SERVICE	CES, INC	_
			Firm/Company		
			15044 LAKE AZURE D	R	34 5
			Address		
		OF	LANDO, FLORIDA, 32	824	10 JUH 10 AM II: 30
			City/State and Zip Code	021	
		FLORI	DAGRAMMAR@YAHO	O.COM	70
		E-mail address	: (to be used for future annual rep	ort notification)	30
For fur	ther information	concerning this matter, pleas	e call:		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	EDW	VARD SALAZAR	at (407)	8109285	
	Name	of Person		Daytime Telephone Numb	er
Enclose	ed is a check for	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certific	iling Fee, cate of Status & cd Copy onal copy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327	Registration Division of Clifton Buil	Corporations Iding	
Tallahass		hassee, FL 32314	2661 Execu	tive Center Circle	Ź

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROFESS!	ONAL TILT SERVICE	S, INC	
(Name of the Limited Lia	bility Company as it now appearida Limited Liability Company)	rs on our records.)	·
(1110	The Difference Discounty Company)		
The Articles of Organization for this Limited Liabil	ity Company were filed on	08/05/2008	and assigned
Florida document number L0800007517	<u>5</u> .		7
This amendment is submitted to amend the following	ng:		S. F. S.
A. If amending name, enter the new name of the	e limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	any," the designation	"LLC" or the abbreviatio
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			······
New Registered Office Address:			
	En	ter Florida street aa	dress
_		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:		

If Changing Registered Agent, Signature of New 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 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** <u>Name</u> **Address Type of Action** MGR LORENA ELICERIO **410 HOWEY ROAD** ☐ Add **GROVELAND FL 34736 US** Remove MGR EDWARD J. SALAZAR 2958 CONNER LANE ✓ Add Remove KISSIMMEE, FL 34741 ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) lature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00