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SCURE PARY OF STATE PALLAHASSEE, FLORIDA

D. BRUCE
MAR 2 8 2011
EXAMINER

COVER LETTER

TO: Registration S Division of Co	Section orporations				
SUBJECT:	FP S	olutions, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
	<u> </u>	Robert Pirmann			
		name of reison			
		FP Solutions, LLc			
		Firm/Company			
11555 Heron Bay Blvd, Suite 200					
		Address			
	С	oral Springs, FL 33076			
		City/State and Zip Code			
	FF	SolutionsIIc@aol.com			
	E-mail address: (to be used for future annual report not	incation)	=	
For further information	concerning this matter, please	call:		LAHE .	П
R	obert Pirmann	at (954)	254-5631	188 188 188 188 188 188 188 188 188 188	-
Name	of Person	Area Code & Daytir	ne Telephone Number	HAR 25 PM 2: NETARY OF STA AHASSEE, FLOR	T T
Enclosed is a check for	the following amount:			STATE LORID	フ
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose		Fee, of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FP Solutions, LLC		
(<u>N</u> a	me of the Limited Liability Company as it now appea (Λ Florida Limited Liability Company)	ars on our records.	
The Articles of Organization	for this Limited Liability Company were filed on	10/14/2008	and assigned
Florida document number	L08000096741		
This amendment is submitted	to amend the following:		
A. If amending name, enter	the new name of the limited liability company he	re:	
The new name must be distingu "L.L.C."	ishable and end with the words "Limited Liability Comp	pany," the designation "l	LC" or the abbreviation
Enter new principal offices	address, if applicable:		
(Principal office address MU	ST BE A STREET ADDRESS)		R 25
Enter new mailing address,	if applicable:		FLOR SIN
(Mailing address MAY BE A	POST OFFICE BOX)		5 6
	ered agent and/or registered office address on new registered office address here:	our records, <u>enter t</u>	he name of the new
Name of New Regis	tered Agent:		
New Registered Off		nter Florida street add	ress
		, 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

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>	Address	Type of Action
MGRM	Paul Frankenhauser	11555 Heron Bay Blvd Suite 200 Coral Springs, FL 33076	Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	P
			R25 PM
Dated	March 17	<u>2011</u> .	% 29 □ 29
		mber or authorized representative of a member Robert Pirmann /ped or printed name of signee	· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00