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EXAMINER

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

09 MAR 30 PM 2: 10

COVER LETTER

TO: Registration So Division of Cor					
SUBJECT: Executi	ive Mainstream Serv				5 3
	(Name of Limi	ted Liability Company)			
	Amendment and fee(s) are subsondence concerning this matter	_			
	Tuesday M. Browning				
		(Name of Person)			
Executive Mainstream Services, LLC				7A S	
(Firm/Company)				ECR ECR	-
	474 Tomiami Trail Unit 2			2009 MAR 30 PM 2: 18 SECRETARY OF STATE TALLAHASSEE, FLORID.	דורהט
474 Tamiami Trail, Unit 2 (Address)				O I) [7
				PP S	יו די
	Port Charlotte, FL 33953	(City/State and Zip Code)		22 - 22 - 23 - 24 - 25 - 25 - 25 - 25 - 25 - 25 - 25	•
		(City/State and Zip Code)		DE 00	,
For further information of	concerning this matter, please c	all:			
Tuesday M. Browning		at (_941_ ₎ 625-6200_			
(Name of Person)		(Area Code & Daytime Telephone Number)			
Enclosed is a check for t	the following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	Certified (of Status &	ed)
Regist Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Executive Mainstream Services, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C		
This amendment is submitted to amend the following:	74 . 1 15 - 1 124	2009 MAR 30 SECRETAR TALLAHASS
A. If amending name, enter the new name of the lim		AR 30 AR 30 AHASS
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	designation "LAT" or the abbreviation
Enter new principal offices address, if applicable:		2: I
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	ÖM 60 ▶
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flo	rida 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)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	James W. Browning	4986 Hightower Road North Portk, FL 34288	Add Remove
	<u> </u>		- Damoua
			- D
			Add 2009 NAR 30 Add Ada Ada Ada Ada Ada Ada Ada Ada Ada
<u>Ar</u>	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessite Company	Remove -
\ 			
Dated Janu	Chues	ember of authorized representative of a member	
	Tuesday M. Brown		

Page 2 of 2

Filing Fee: \$25.00