## L09000012601

(Requestor's N	ame)			
(Address)				
(Address)				
(City/State/Zip/l	Phone #)			
PICK-UP WAI	T MAIL			
(Business Entit	y Name)			
(Document Nur	mber)			
Certified Copies Certified	icates of Status			
-				
Special Instructions to Filing Office	r.			
A. LUNT				
APR	<b>2 3</b> 2009			
EXAMINER				

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## **COVER LETTER**

TO: Registration Section

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations** 

Division of Co	rporations		
SURJECT: FLRAS	SERVICES, LLC		_
5000ECT. <u></u>		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLA A. FEARRINGTO	N	
		(Name of Person)	
	FLRA SERVICES, LLC		
		(Firm/Company)	
	416 CLEMATIS STREET		
		(Address)	
	WEST PALM BEACH, FL	ORIDA 33401	
		(City/State and Zip Code)	<u> </u>
For further information c	oncerning this matter, please ca	all:	
WILLA A. FEARRING1	<b>TON</b>	<sub>at (_</sub> 561_ <sub>)</sub> 743-0014 ext. 2	13
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILI	ING ADDRESS:	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

FLRA SERVICES, LLC			
(Name of the Limited	Liability Company as it no Florida Limited Liability Co	ow appears on our records.) ompany)	<del></del>
The Articles of Organization for this Limited L	iability Company were filed	d on FEBRUARY 6, 2009	and assigned
Florida document number L09000012601	<u> </u>		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability comp	pany here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applic	able:		7
(Principal office address MUST BE A STREE	CT ADDRESS)		SECH SECH
			APR 2
Enter new mailing address, if applicable:			RY OF
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		STATE O
B. If amending the registered agent and/ registered agent and/or the new registered or		ess on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	WILLA A. FEARRINGTO	DN, ESQ.	
New Registered Office Address:	416 CLEMATIS STREE	т	
		(Enter Florida street ac	ddress)
	WEST PALM BEACH	, Florida <u>3</u>	
	(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)

Page 1 of 2

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:

	<u>Name</u>	Address	Type of Action
			Add Remove
			<u>—</u>
			<del>-</del> -
			ZOOS AND PORT OF TALL AND AS
			SE C P
<del></del>			<b>=</b> ~
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	eary.)
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Filing Fee: \$25.00