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EXAMINER



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SECRETARY OF STATE ALLAHASSEE, FI ORIGINAL

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: <u>INNOVATIVE PERSONAL SERVICES</u> , LLC Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
SARA CLIFFORD Name of Person					
INNOVATIVE PERSONAL SERVICES, LLC					
5005W 157H.ST Apt.#1					
POMPANO BEACH, FL 33060 City/State and Zip Code					
montiel_Sara@hotmail.Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
SARA CLIFFORD at (561) 702-2489 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\$\$ (additional copy is enclosed) \$\$\$ (additional copy is enclosed)					
/ MAILING ADDRESS: STREET/COURIER ADDRESS:					

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

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Personal Services. LLC

(A Florida Limited Li	ability Company)	our recorus.	,	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LOGOOO14510</u>	were filed on <u>Febru</u>	ary 12,	<i>2009</i> and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company,"	the designation	on "LLC" or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		:	HA DEC	
			-2 427	4-Krise
			Eg p	m
Enter new mailing address, if applicable:			11.5 1.5 1.5	Ö

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address
	City	, Florida

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

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					
Title .	Name	Address	Type of Action		
MGRM	Timothy P. Clifford	500 SW 15TH. Street, Unit 1. Pompono Beach, Fl 33060	□ Add □ Remove 		
			Add Remove		
			Add Remove		
-			Add Remove		
			Add Remove		
			Add Remove		
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_		
	,		_		
			-		
Dated//	27/10 InOL	ifford)			
-	Signature of a member of a mem	praymorized representative of a member or printed name of signee			

.. ..

Filing Fee: \$25.00