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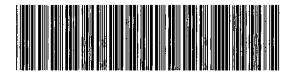
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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DIVISION OF CORPORATION

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT:	NFIN	Name of Limit	THE SERVICE OF O	RLAHOO	
The enclosed Art	ticles of Ame	endment and fee(s) are sub	mitted for filing.		
Please return all o	corresponde	nce concerning this matter	to the following:		
	<del></del> -	ADRIAN	Ellis		
			Name of Person		
		,	Firm/Company	<del> </del>	
	P.O. BOY 5210 Address				
	-	WINTER F	PARK, FL 3279 City/State and Zip Code  TECTIONEYAHOU. 6 o be used for future annual report notific.	₹3	
For further inforr		E-mail address: (t arning this matter, please c		ation)	
ADRIAN EIli'S Name of Person			at (321) 217 6823  Area Code & Daytime Telephone Number		
Enclosed is a che	eck for the fo	llowing amount:			
\$25.00 Filing	;Fee	\$30,00 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)	
MAILING ADDRESS:		STREET/COURIER ADDRESS:			

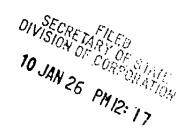
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

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

85-2-1-210

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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 Type of Action **Title** Address Name \_ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member RAMOS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00