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(Requestor's Name)	
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(Business Entity Name)	
(Document Number)	
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T. HAMPTON

JUN 1 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Main Street Sewices 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:				
Josie Mannino Name of Person				
Main Street Services				
416 Clematis Street				
West Palm Beach, FL 33401				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tosie Mannino at 56, 743-0014 ext. 203 Name of Person Area Code & Daytime Telephone Number				
Enclosed in a charle for the following amount:				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$5.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$}\$\$\$				

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

Main Street	- Services	LLC		
(Name of the Limited I (A F	iability Company as	it now appears on (our records.)	
(torida Emilioa Emeri	iy company)		
The Articles of Organization for this Limited Lial Florida document number 409000	oility Company were	filed on	5 04	and assigned
Florida document number09000	<u>05</u> 578	9.	•	
This amendment is submitted to amend the follow	ving:			•
A. If amending name, enter the new name of t	he limited liability	company here:		
1564 LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limited L	ability Company," t	he designation "LLC	" or the abbreviation
Enter new principal offices address, if applical	nle:	Alla Clen	natis Stre	o+
(Principal office address MUST BE A STREET		west Paln	1 Beach	FL 3340
	_	· 	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:				,
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
	_			
B. If amending the registered agent and/or	registered office	address on our r	ecords, enter the	name of the new
registered agent and/or the new registered office	ce address here:		· ———	
	EI PA	Service	20 /10	
Name of New Registered Agent:	T C F A	١٧١١٠٠	15 LLC	
New Registered Office Address:	-416 C	lemans	Street	
	War Da	Enter Fl	orida street addres 1	5 0 / D /
	VVW) Pa	UN IZAU	人, Florida	3401 7:- 6- 1-
New Posistanud Assettle Circustum 16 1	Cu	y		Zip Code
New Registered Agent's Signature, if changing Re	gistereu 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, <u>Signature of New Registered Agen</u>

Page 1 of 2 (no change)

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** Name Address MGR ☐ 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00