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(Requestor's Name)				
(Address)				
(155,755)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
0.07.10.1				
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JAN 2 0 2010 EXAMINER

COVER LETTER

Division of Co						
SUBJECT:	A - 1 PROCE	SS SERVERS LLC				
		ed Liability Company				
The enclosed Articles of	of Amendment and fee(s) are subr	nitted for filing.				
Please return all corres	pondence concerning this matter t	to the following:				
		ARLENE COLE				
	Name of Person					
		- 10				
	Firm/Company					
	6710 36TH AVE E # 89					
		Address				
	PALMETTO FL 34221					
	City/State and Zip Code					
	E-mail address: (to	Icolefl@gmail.com be used for future annual report noti	fication)			
For further information	concerning this matter, please ca		,			
ARLENE COLE		at (<u>941)</u> Area Code & Daytin	545-6399			
Name	of Person	Area Code & Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

FILED
2010 JAN 19 PM 4:57
SCORETARY OF STATE

A - 1 Pl	ROCESS SE	ERVERS LLC	,	ASSEETELLING
(Name of the Limited Lis (A Flo	orida Limited Liab	ility Company)	i our records.)	
The Articles of Organization for this Limited Liabi Florida document number		re filed on	6-11-09	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liabilit	y company here:		
AM/PM	PROCESS SE	ERVERS LLC		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited	Liability Company,	" the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable	le: _			
(Principal office address MUST BE A STREET A	<u>4DDRESS)</u>			
	_			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
	_			
B. If amending the registered agent and/or registered agent and/or the new registered offic		address on our	records, enter th	e name of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter	Florida street addre	ess
			, Florida	
•		"itu	·	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			Add Remove
			Add Remove
			Add Remove
			₹
			Add Remove
			Add Remove
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets,	if necessary.)
- - -			2010 JAN 19 TALLAH SSE
Dated	JANUARY 13	, <u>2010</u> .	H. F. F.
	Signature of	a member or authorized representative of a member ARLENE COLE	ber NAT ST
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00