

Division Corporations

Page 1 of 1

L09000058107

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000029366 3)))



H110000293663ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOWLER RODRIGUEZ VALDES-FAULI
Account Number : I20090000080
Phone : (786) 364-8480
Fax Number : (305) 445-3666

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROFESSIONAL HOME & COMMERCIAL CONSULTING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

B. BOSTICK

FEB 10 2011

EXAMINER

Electronic Filing Menu Corporate Filing Menu

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 10 PM 4:31

FILED

FAX AUD. # H11000029366
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

PROFESSIONAL HOME & COMMERCIAL CONSULTING LLC.

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/16/2009 and assigned
 Florida document number L09000058107

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LIONEL DAUSA PROCESS SERVERS LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

7220 SW 149 CT

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI, FLORIDA 33193

Enter new mailing address, if applicable:

7220 SW 149 CT

(Mailing address **MAY BE A POST OFFICE BOX**)

MIAMI, FLORIDA 33193

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:

7220 SW 149 CT

Enter Florida's street address

MIAMI

Florida

City

33193
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

1 FEB 10 PM 4:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

FAX AUD. # H11000029366

If amending the Managers or Managing Members on our records, ^{FA}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
MGR	DORA U. ROBLERO	7220 SW 149 CT MIAMI, FL 33193	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____


 Signature of a member or authorized representative of a member

LIONEL DAUSA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FAX AUD. # H11000029366

FILED
 11 FEB 10 PM 4:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA