

**L09000061137**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
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2009 JUL 10 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
JUL 13 2009  
**EXAMINER**

◆

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**MILLER, CROSBY & MILLER, P.A.**  
*ATTORNEYS AT LAW*

**ROBERT T. MILLER (1918-2007)**  
**SAMUEL G. CROSBY**  
Board Certified Civil Trial Lawyer  
Supreme Court Certified Civil Mediator  
**RICHARD A. MILLER**  
Board Certified Real Estate Lawyer  
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Post Office Box 8169  
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(863) 688-7038  
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July 8, 2009

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314-6327

**RE: AT YOUR SERVICE REALTY, L.L.C.**  
**Our File No. 4-24001**

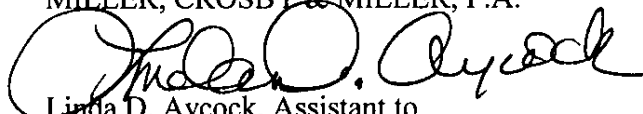
Gentlemen:

Enclosed please find an original and one copy of Articles of Amendment to Articles of Organization for the above-referenced company. Also enclosed is our firm check in the amount of \$25.00. Please file the original and return a certified copy to us.

Thank you for your assistance in this matter.

Sincerely yours,

MILLER, CROSBY & MILLER, P.A.

  
Linda D. Aycock, Assistant to  
Richard A. Miller

/lda  
Enclosures

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2009 JUL 10 PM 1:55

AT YOUR SERVICE REALTY, L.L.C.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 24, 2009 and assigned  
Florida document number L09000061137.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

109 Allamanda Street

(Principal office address MUST BE A STREET ADDRESS)

Lakeland, FL 33803

Enter new mailing address, if applicable:

109 Allamanda Street

(Mailing address MAY BE A POST OFFICE BOX)

Lakeland, FL 33803

**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 Florida street address

, Florida

City

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Andres Hernandez</u>	<u>109 Allamanda Street</u> <u>Lakeland, FL 33803</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Aurellia Gonzalez</u>	<u>6376 Sedgford</u> <u>Lakeland, FL 33811</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Mateo Gonzalez</u>	<u>6376 Sedgford</u> <u>Lakeland, FL 33811</u>	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 7, 2009

Signature of a member or authorized representative of a member

Mateo Gonzalez

Mateo Gonzalez  
Typed or printed name of Signer

Page 2 of 2

Filing Fee: \$25.00

Aurellia Gonzalez  
Aurellia Gonzalez

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