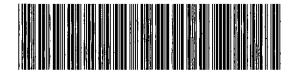
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SECRETARY OF STATE STATE CORPORATIONS

T. HAMPTON

JUL 1 7 2009

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Marshall's Professior	nal Bookeeing Services, I	LLC
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
		Timothy P. Marshall	
		Name of Person	
	Marshall's Profe	essional Bookkeeping Service	es, LLC
		Firm/Company	
		777 SW Parker Ave.	
		Address	
	Po	ort St. Lucie, FL 34953	
	**************************************	City/State and Zip Code	Area and a second a
	E-mail address: (oookiebear@gmail.com to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	-	
Tim	othy P. Marshall	at (772) 3	44-8111
Name of Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:		
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Marshall's Professi	onal Bookkeeing Se	ervices, LLC	
(Name of the Limited Liabili (A Florida	a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	6/30/2009	and assigned
Florida document numberL0900063134	 -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
Marshall's Professi	onal Bookkeeping Serv	rices, LLC	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
			2 IV
			5 99
Enter new mailing address, if applicable:		,,	- 95
(Mailing address MAY BE A POST OFFICE BOX)			
			3 OR S
			TATE OF THE
B. If amending the registered agent and/or regi		our records, <u>enter t</u>	he name of the hev
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:	**************************************		
New Registered Office Address:			
	Ei	nter Florida street add	ress
		, 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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	***************************************		——————————————————————————————————————
			Pamova
**************************************			T Damova
			AddRemove
			Add Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets	SECRETARY OF STATE OF CORPORATIONS OF C
Dated	July 13		U.
	Signature	of a member or authorized representative of a mem	ber
		Timothy P. Marshall Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00