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02/05/10--01009--003 **25.00

D. BRUCE

FEB 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Proserv Express 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:
Laura Phillips Name of Person Prosery Express LLC
Proserv Express LLC Firm/Company
2240 Falm Beach Lakes Elva. 4th Floor Address
West Palm Beach, FL 33409 City/State and Zip Code
Proserv X ores (Damail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Laura Phillips at (561) 4/18-7404 Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \t

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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**

Prosery Express LLC (Name of the Limited Liability Compan			
(Name of the Limited Liability Compan (A Florida Limited Li	y <mark>as it now appears on our re</mark> ability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company	were filed on	2009 and assigned	
Florida document number <u>L.09 0000 68172</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit			
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the de	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2240 Palm Bea	ch Lakes Blvd, 4th Floor	
(Principal office address MUST BE A STREET ADDRESS)	West Palm P	ch Lakes Blud, 4th Floor each, Florida	
·	·	33409	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		A SE TO TO	
	•		
B. If amending the registered agent and/or registered offi	ice address on our record	s enter the mame of the new	
registered agent and/or the new registered office address here	:	79 ₹ 77	
		STA TO	
Name of New Registered Agent:		TIDA	
New Registered Office Address:	Estas Elevida	-44 - 11	
	Enter Florida street address		
	, I	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		F	

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 antending 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 = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			□ Demous
<u>.</u>			[] n
			Add Remove
			
			Remove
D. If amen —	ding any other informati	on, enter change(s) here: (Attach additional sheet	ts, if necessary.)
_			10 FEB -5 LLAHASSEE
Dated <u>Fe</u>	bruary 1	<u>, 2010</u> .	EB-5 MH:40 ETARY OF STATE HASSEE, FLORIDA
,		James Phillips ture of a member or authorized representative of a men	,
		aura Phillips Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00