## 109000071323

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S. HAWKES
JUN 0 4 2010
EXAMINER

## **COVER LETTER**

Division of Corpor	ations		
subject: <u>Univer</u>	Sal Support	Ve Services, LL d Liability Company	<u>.C</u>
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
, -	Karen Sum	Name of Person	
-		Firm/Company	
	1246 S.E. (	Onio Ave	
<u> </u>	1246 S.E. ( Arcadia Fl	Address  3426  City/State and Zip Code	
-	E-mail address: (to	be used for future annual report notificat	ion)
For further information conc	erning this matter, please cal	11:	
Laquanda R	chardson rson	at ( <u>407)</u> 580 - Area Code & Daytime T	2808 elephone Number
Enclosed is a check for the f	ollowing 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:

TO:

**Registration Section** 

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

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

(A Florida Limited Liability Company)

,	. 1	1			
The Articles of Organization for this Limited Liab	ility Company were filed on	23 2009 and assigned			
Florida document number <u>L090007</u>	1323				
Florida document number	<u> </u>	and assigned			
		E 2 2			
This amendment is submitted to amend the follow	ing:	3 4 5			
	P 4 12 122	( <b>1</b>			
A. If amending name, enter the new name of th	ie limited hability company nere:				
		S. C.			
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,				
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET)	ADDRESS)				
	<del></del>	•			
·					
Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE BO	DX)				
B. If amending the registered agent and/or	resistand office address on our	wasands ontor the name of the new			
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new			
registered agent and/or the new registered office	e addi ess <u>Nei e</u> .				
Name of New Registered Agent:					
Now Boolstoned Office Address					
New Registered Office Address:	Enter	Florida street address			
	Emer 1 fortun sa eel adaresa				
		, Florida			
	City	Zip Code			
New Registered Agent's Signature, if changing Reg	gistered 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 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>	Name	Address	Type of Action			
	MGR	Laquanda Richard	Con 1246 SE Dhio Ave Arcadia FL 34266	Add Remove			
	MBR	Karen Sumler	1246 SE Ohio Ave Arcadia FL 34266	Add Remove			
Qe;	Agent	Vikisha Branhan	n 2042 Rutledge CT				
			74- 6 7- 7- 7- 7-	Add ITI			
	<del></del>		TO SERVICE SER	S S S S A □ Add □ Remove			
				Add Remove			
	D. If amendi	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.) egistered Agent: Add	ress:			
	N	Kisha Branham 16#2 Rutledge		_			
	Ā	rcadia FL 3388	4	<del></del>			
	Dated		2010 Viahanda				
		Soguanda Signature of a men Laguanda	her or authorized representative of a member	<u></u>			
	•	Ty	ped or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00