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DIVISION OF CORPORATION

N. Cuillgan FEB = 9 2011

# **COVER LETTER**

TO: Registration S Division of Co	Section ;	•	'
SUBJECT:	MÁCHADO MU	JLTI-SERVICES, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	S/	ANDRA L. MACHADO	
		Name of Person	
	MACHA	DO MULIT-SERVICES, LLC	
		Firm/Company	,
	1014	4 PEACHWOOD DRIVE	
		Address	
	BRANDON, FL 33510		
		City/State and Zip Code	
	SANDRA E-mail address: (t	ORRICO@HOTMAIL.COM o be used for future annual report notifica	ntion)
For further information	concerning this matter, please c	all:	
	RA L. MACHADO		13-6248
Name	of Person	Area Code & Daytime	Felephone 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

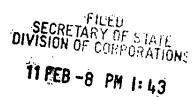
### **MAILING ADDRESS:**

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



MACHAI	OO MULTI-SERVICES	LLC
( <u>Name of the Limited Li</u> (A Fl	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liab Florida document number	• •	JULY 28, 2009 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
		·
Enter new mailing address, if applicable:		, ,
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	Citv	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager •

MGRM = Managing Member Title Type of Action Name **Address** MGR SANDRA L. MACHADO 1014 PEACHWOOD DRIVE ✓ Add BRANDON, FL 33510 Remove ☐ Add Remove \_\_\_ Add Remove ☐ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 4** 2011 Dated \_ Signature of a member or authorized representative of a member SANDRA L. MACHADO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00