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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 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:	
Flease fellin an correspondence concerning this matter to the following.	
Ionia MEEKS Name of Person	<del></del>
MEEKS SETVICES LLC.	
MO37 Springfill Rd	
Tallahasses, FL 3032 City/State and Zip Code	ZBII NOV 15 SECRETARY ALLPAHASSI
E-mail address: (to be used for future annual report notification)	177
For further information concerning this matter, please call:	ANTI: 6
Name of Person at (80) 575-300 Area Code & Daytime Telepho	one 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)}	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section Division of Corporations  STREET/COURIER AD Registration Section Division of Corporations	DRESS:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Cir	cle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITTEEKS SETVI	ces LLC				
(Name of the Limited Liability (A Florida L	Company as it now apper Limited Liability Company	) ars on our records.			
The Articles of Organization for this Limited Liability C	ompany were filed on _	8-20-09	aı	nd assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company h	ere:			
The new name must be distinguishable and end with the wor	ds "Limited Liability Com	pany," the designation	"LLC" o	r the ab	breviation
L.L.C."			₽.o	<b>~</b>	
Enter new principal offices address, if applicable:				=	<del> </del>
Principal office address MUST BE A STREET ADDR	ESS)		\$R	<b>₩</b> 0	F
			AR SS	<u></u>	Participal Control
			걸유		(7)
Enter new mailing address, if applicable:			0] /IS	28E	O
(Mailing address MAY BE A POST OFFICE BOX)			ATE RID/	90	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter</u>	the na	me of	the new
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street ac	ddraec	· · · · · · · · · · · · · · · · · · ·	
	L	mer Fioriaa sireel aa	uii ess		
	City	, Florida _	7:	Code	
	City		Zip	Coae	

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>	Address	Type of Action		
MBR_	Lois Baker	7003 Springhill Rd Tallamssed H	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
	,		2011 Manuel 15		
		FLORIDA	Remove		
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)			
			<del></del>		
Dated 1	Nember Kt, 20	<u>ll</u> .			
-	Signature of a member of	or authorized representative of a member			
	Ionia MEEK	25			
	Typed o	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00