

(((H11000199970 3)))  
**LO9000096234**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MATHIS & MURPHY, P.A.  
Account Number : I20100000006  
Phone : (904) 396-5500  
Fax Number : (904) 396-5560

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: lee@mathislaw.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A MAID FOR ME, LLC

Certificate of Status	0
Certified Copy	1
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D. BRUCE

AUG 12 2011

EXAMINER

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August 10, 2011

A MAID FOR ME, LLC  
731 DUVAL STATION RD  
SUITE 107-231  
JACKSONVILLE, FL 32218US

SUBJECT: A MAID FOR ME, LLC  
REF: L09000096234

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

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Regulatory Specialist II

Letter Number: 711A00018763

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A Maid For Me, 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:

Alexandria V. Hill, Esquire  
Name of Person

Mathis & Murphy, P.A.  
Firm/Company

1200 Riverplace Boulevard, Suite 902  
Address

Jacksonville, FL 32207  
City/State and Zip Code

LLee@mathislaw.net  
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Alexandria V. Hill, Esquire at ( 904 ) 396-5500  
 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)
- \$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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

A Maid for Me, LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 2, 2009 and assigned Florida document number L09000096234

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MFM Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

James.T@mfmteam.com  
James.T@mfmteam.com

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TALLAHASSEE  
FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mathis & Murphy, PA

New Registered Office Address:

1200 Riverplace Blvd., Suite 902

*Enter Florida street address*

Jacksonville

Florida

32207

*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.*

James T. Murphy  
*If Changing Registered Agent, Signature of New Registered Agent*

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 11 AM 09:15

FILED

Dated August 10th, 2011

  
Signature of a member or authorized representative of a member

Tamara Reese  
Typed or printed name of signee