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de la company

SECRETARY OF STATE

S. HAWKES
NOV 1 7 2009
EXAMINER

## **COVER LETTER**

TO: Registration 5 Division of Co			
SUBJECT: <u>CEN</u>	OTRA C FLORID Name of Limi	A UNLINITE!) ted Liability Company	SERVICES LLC
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
•	Domin. L	Name of Person	
	CENTRAL 1	Firm/Company	ED SERVICES LLC
	2864 POLA	Address	103
	ORLAN DE	FZ 325 City/State and Zip Code	235
	(ENTEAL FLORI) E-mail address: (1	DAUNLIMITED @ GA to be used for future annual report notifical	11312.COM
For further information	concerning this matter, please c	all:	
Domin. L Name	SEDZIAŁ of Person	at ( <u>321) - 948 - 2</u> Area Code & Daytime T	421 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLO	PIDA	UNLINITED	SERVICES	UC
(Name of the Limited Liabil (A Florid	<b>lity Company</b> da Limited Liab	as it now appears on ou pility Company)	r records.)	
The Articles of Organization for this Limited Liability	y Company we	ere filed on _ <i>11/071</i>	2∞9 and	d assigned
The Articles of Organization for this Limited Liability Florida document number   LO   O   O   O   O   O   O   O   O	<u>15.73</u>	, ,		•
This amendment is submitted to amend the following	· ·			
A. If amending name, enter the new name of the li	<u>imited liabilit</u>	y company here:		
			<b>5</b> 0	0
The new name must be distinguishable and end with the v "L.L.C."	words "Limited	Liability Company," the	designation "LLG" or	ne abbreviation
Enter new principal offices address, if applicable:	_		Asser	5 1
(Principal office address MUST BE A STREET AD	DRESS)	,	<u> </u>	루
	_			<u>तं</u>
			習品	55
Enter new mailing address, if applicable:			3>	
(Mailing address MAY BE A POST OFFICE BOX)	_			
	•			
	•			
B. If amending the registered agent and/or reg		e address on our rec	ords, <u>enter the nar</u>	ne of the new
registered agent and/or the new registered office a	<u>ddress here</u> :			
Name of New Registered Agent:		····		
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
		Citv		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Dominit SEDZIAK MGRM POLANA Remove Remove ☐ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Ponint Dexint
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00