4000009128

Office Use Only

المالية المراجع المالية والمستور والمراجع والمراجع والمراجع المراجع المراجع المراجع والمراجع والمراجع



700206968637

05/02/11--01043--002 **25.00



D. BRUCE
MAY 0 4 2011
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		,			
SUBJECT:	Ewwan Land Name of Limi	SCHAING SexVICES ted Liability Company	UC.		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ndence concerning this matter				
	_	' '			
•	Pul NEWM				
	Llewman	Name of Person Law On plu6 Firm/Company	ic uc		
	737 Palas	Seau (J.			
	Kissimme	e 71 34758		; <u>=</u>	Show spage
		City/State and Zip Code	HA SO	47 -3	
	E-mail address: (1	to be used for future annual report notifica	tion) mas		
For further information co	oncerning this matter, please c	all:			
Paul 10	u)Man	at (407, 350 - 20	493 A	: 05	***************************************
Name of	f Person	Area Code & Daytime 1	elephone Number	_	
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of Certified Copy (additional copy)	Status &	osed)

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

	Dillity Company as it now appears of ida Limited Liability Company)	elvices LLC an our records.)		
The Articles of Organization for this Limited Liabili Florida document number <u>L/00000 913</u>	• • • —		and assigned	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	" the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable	:		 	
(Principal office address MUST BE A STREET A)			4 11	
Enter new mailing address, if applicable:		RY &F ST/		
(Mailing address MAY BE A POST OFFICE BOX	2	A DIE	S	
B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent:		records, enter the	name of the new	
New Registered Office Address:	First	Florida street address		
	Enter Florida street address			
	, Florida City Zip Code			
	City	4	up 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 = M MGRM =	Ianager = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGLM	Nova Cohen	137 Palaiseauct Kisimines, 71 34758	Add Remove
MGRM	EDRIS BRISCOE	137 Palaiseou ct Kissipiniee, 41 34758	Add Remove
MGKm_	EVELET BROWN	197 Palaiseau Ct Kissimmee, 21 34758	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	y.)
-			II MA)
Dated	April 29, 2011 , 20	5// 	See Francisco
	Signature of a memb	ber or authorized representative of a member	S
	- taul Typ	Dewman ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00