

12/16/2010

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Division of Corporations

L10000043689

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

L. SELLERS

DEC 17 2010

From: Account Name : SMART TAX
Account Number : I20090000034
Phone : (954) 782-3610
Fax Number : (954) 782-7952

EXAMINER

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

Email Address: MNAPCHAN @ YAHOO.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EQUETAL LLC**

Certificate of Status	0
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Help

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

EQUETAL 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 04/23/2010 and assigned
Florida document number L10000043689

This amendment is submitted to amend the following:

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

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)

535 E SAMPLE ROAD

POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 3111

HALLANDALE, FL 33008

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:

SMART TAX

New Registered Office Address:

535 E SAMPLE ROAD

Enter Florida street address

POMPANO BEACH

Florida

City

33064
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.

Imanda Abia - President
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>	<u>Address</u>	<u>Type of Action</u>
MGR	DA FONSECA, OSWALDO	PO BOX 3111 HALLANDALE FL 33008	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MEKHITARIAN, FELIPE	227 NE 2nd STREET, APT 19 MIAMI FL 33132	<input type="checkbox"/> Add <input checked="" 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.)

Dated December 16th, 2010


Signature of a member or authorized representative of a member

OSWALDO B. DA FONSECA

Typed or printed name of signee