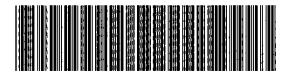
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S. HAWKES

OCT 1 5 2010

EXAMINER

COVER LETTER

TO: Registration of Division of	on Section Corporations			
SUBJECT:	Resort CI	lient Services LLC		
	Name of Lim	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are su	ubmitted for filing.		
Please return all cor	respondence concerning this matte	er to the following:		
	es (e.e			
		Ubong Uboh Name of Person		
	Ra	esort Client Services LLC		
	Firm/Company			
	1835 N	IE Miami Gardens Drive #148		
		Address		
		Miami, FL 33179		
		City/State and Zip Code		
	resort E-mail address:	tclientservices@yahoo.com (to be used for future annual report notification)		
For further informat	ion concerning this matter, please	cail:		
	Dewande roberts	at (954) 391-2791		
N	rme of Person	at (954) 391-2791 Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enc		
R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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

No. of the Links	eson Clie	nt Services LLC		·
(Name of the Limite	A Florida Limit	npany as it now appears ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited I		any were filed on	8/23/2010	and assigned
This amendment is submitted to amend the following			· . ·	B OCT
A. If amending name, enter the new name	of the limited	liability company here	2:	11年
		N/A		
The new name must be distinguishable and end w "L.L.C."	rith the words "l	Limited Liability Compan	ny," the designation "	LLC" of the abbreviation
Enter new principal offices address, if appli	icable:	N/A		7
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	-		ur records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Ent	er Florida street add	dress
			, Florida	
		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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR,= Manager
MGRM = Managing Member

<u>Title</u> Name

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Joann Walters	111 NW 76th Terrace	
		Pembroke Pines, FL 33024	Remove
			Add
			Remove
			Add
			Remove OCT
			Add- Remove
			300
			Add ω
			AddRemove
D. Ifomen	ding any other information a	nter change(s) here: (Attach additional sheets, if necessor	any l
D. II silieli	uning any other information, e	mter change(s) here. (Anach adamonat sneets, y necesso	<u>.</u>
_			
_			
Dated	October 12	<u>, 2010</u>	
		/	
	Signature	of a member or authorized representative of a member	
		Dewande Roberts	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00