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T. CLINE
SEP 2 3 2010
EXAMINER

# **COVER LETTER**

TO: , Registration Section Division of Corporations
SUBJECT: Alliance Family Resurce Selvices, LLC Name of United Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
REGITAL OF BARKES  Name of Person
Hliance Family Resulted Services, LLC
205 Standing OAK Place ES E
Tayettenle GA 30214  City/state and Zip Code  TO bar nesco@ anal.com  E-mail address: (to be used for futule annual report notification)  The second
For further information concerning this matter, please call:
REGENERAL at (770) 500 - 0451  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Alliance Resource	e Services, LLC		
(Name of the Limited I (A I	liability Company as it now app lorida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on S	September 10,201	O and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the $\mathcal{N}$	he limited liability company l	<u>ere</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applica	ble:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	'ADDRESS)		
Enter new mailing address, if applicable:	<del></del>	IALL AH,	2010 SEP
(Mailing address MAY BE A POST OFFICE B	OX)	V.	22
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter th	
Name of New Registered Agent:	NA		
New Registered Office Address:		Enter Florida street addre	ess
	, Florida		
	City	· · · · · · · · · · · · · · · · · · ·	

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.

1.5

MGR = Manager

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

MGRM = Managing Member **Title Address Type of Action** Name Samuel A. Madison KARlos BARNES Remove MGR ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member ALU BARUES
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00