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SECRETARY OF JAIL DIVISION OF CORP CARTION

N. Cullgan NOV 23 2010

COVER LETTER

TO: Registration Section Joint Division of Corporations						
SUBJECT: FIRST Choice TAX & Multi Service, LCC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Rosemond Adescat Name of Person						
FIRST Choice TAX & Multi Service LCC						
981 W Commercial BLVD Address						
Fort-Landerdale Florida 33309 City/State and Zip Code						
Adescate Quhoo - Com E-mail address: (60 be used for future annual report notification)						
For further information concerning this matter, please call:						
Prosemond Adescat at (754) 246-2746 Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ Certificate of Status \$\						

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

FILED SECRETARY COLORADA DIVISION OF CONCERNATIONS

10 NOV 22 PM 2: 35

FIRST CHOI (Name of the Limited	PE /AX Liability Compan A Florida Limited Lia	y as it now appears on	Li Serl	uce LLC
The Articles of Organization for this Limited L. Florida document number	iability Company v <u>O <i>11821</i></u> 3	vere filed on _ <i>NO</i>	J. 15, 21	210 and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabil	ity company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limite	d Liability Company,"	the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered <u>agent</u> and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Rosen 35081	nond Ad w35th Si Enter F	desca Reet Porida street ad	dress
	Laudera	lale takes	, Florida	33309 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.

Kolemond Holescal
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	Address	Type of Action				
MGŔ	PM Rosemond Adescat	3508NW355st. Landerdale Lakes, FLORIDA, 33309	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove -				
			Add Remove -				
D. If a	mending any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	- - <u>D</u>				
			SECRETARY VISION OF CO				
Dated _	Koemonel Adesca	 	EU ORPONATION: PM 2: 35				
	MOSEMOND	authorized representative of a member ADESCAT printed name of signee					

Page 2 of 2

Filing Fee: \$25.00