Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H100002776383)))

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Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STREMPEL SERVICES LLC

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Corporate Filing Menu

B. BOSTICK

DEC 3 0 2010

EXAMINER

KA 0002/0004

CO	VERLETTER		
TO: Registration Section Division of Corporations			
SUBJECT: STREMPEL SERVICES LLC			
(Name of Limited I	Liability Company)		
,			
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.		
Please return all correspondence concerning this matter to th	c following:		
			•
Ani Muradian			
	(Name of Person)		
Legalzoom.com, Inc.			
-	(Firm/Company)		
100 W. Broadway Suite	100		
	(Address)		
Glendale, CA 91210		<u>ب</u> م	
(City	y/State and Zip Code)	0.0	
For further information concerning this matter, please call:	HA A	10 DEC 29	T
to the same and the same transfer of the same trans	(SSE		1
Ani Muradian	at (323) 962-8600	? ?	57
(Name of Person)	(Area Code & Daytime Telephone Number) () =	

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status **✓**\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & **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

95000070004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A Florida Limited Liability Company)		
The Articles of Organization for this Limited L	iability Company were filed on 11	/30/2010	₩ and assigned
Florida document number <u>L10000123020</u>	,,,,		O DEC
This amendment is submitted to amend the foll	lowing:		FILED DEC 29 AM 10: 103 CHE LARY OF STATE LAHASSEE. FLORED
A. If amending name, enter the new name q	of the limited liability company be	re:	215 Gi
	Strempel	Services my "the designation	EOLE'
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation	"LLC" or the abbreviation
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on ffice address here:	our records, <u>ente</u>	the name of the ne
Name of New Registered Agent:	Robert Str 2811 N. Juli	empel	
New Registered Office Address:	2811 N. Juli	et pr.	
(Enter Florida street address)			nddress)
•	Deltong	. Florida	32738
	(City)		3 2738 (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

STREMPEL SERVICES LLC

thereby 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)

To:	Page	5	of	5

2010-12-29 10:42:20 PST

13234467473 From: Tony Burroughs

4000470004

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

Title	<u>Name</u>	Address	Type of Action
MGRI	M Robert Strempel	2811 N. JULIET DR. DELTONA, FL 32738	Add Remove
			Add Remove
***************************************			F# 7
			
		***************************************	Add Remove
			——————————————————————————————————————
O. If an	nending any other information, er	nter change(s) here: (Attach additional sheets, if ne	cessary.)
			TO DEC 29
Dated	12/28/2010 Ok	eA at 1 1stm	AMIO: 03
	Signature of	a member of authorized telecontranse of a member	10
		Robert Strempel Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00