# L11000022425

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C. LEWIS

JUN 9 2011

EXAMINER



# **COVER LETTER**

TO:	Registration Section Division of Corporation	s *	2.	*				
cum ir	My 45	MPRESSIV	F SERVIC	ES LLC				
SUBJE	ECT:		ited Liability Co					
The en	closed Articles of Amendm	ent and fee(s) are su	bmitted for filin	g.				
Please	return all correspondence c	oncerning this matte	r to the followin	g:				
			KATHY SA			·		
			Name of I	Person				
MPRESSIVE SERVICES, LLC								
			Firm/Con	ıpany				
	3329 NIPINICKET COURT							
			Addre	ss'	* *	•		
		ORL	ANDO. FLO	ORIDA 32818	3			
	<del></del>		City/State and			<del> </del>		
		KATHY@	MPRESSIVE	SERVICES	.COM			
		E-mail address: (	to be used for fut	ure annual report r	notification)			
For furt	ther information concerning	this matter, please of	eall:					
	KATHY SAL	OMON	at ( <u>'</u> 40	07)	283-18			
	Name of Person		•	Area Code & Day	ytime Telephor	ne Number		
Enclose	ed is a check for the followi	ng amount:						
<b>₹</b> \$25.		00 Filing Fee & crtificate of Status	Certifie	ling Fee & d Copy nal copy is enclo	<del></del>	60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is o		
		t						

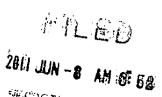
## MAILING ADDRESS:

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**



# MPRESSIVE SERVICES, LLC

MPKESOIVE SERVICES, LES

(Name of the Limited Liability Company as it now appears on our Metords ASSEE, FLORIDA

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on	02/22/2011	and assigned		
Florida document numberL11000022	2425					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liab	oility company her	<u>e</u> :			
The new name must be distinguishable and end wit "L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applic	3329 NIPINICKET COURT					
(Principal office address MUST BE A STREE	ORLANDO, FL 32818					
Enter new mailing address, if applicable:	604 JAGUAR COURT					
(Mailing address MAY BE A POST OFFICE	KISSIMMEE, FL 34759					
B. If amending the registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	LOMON					
New Registered Office Address:						
		Enter Florida street address				
	ORLANDO		, Florida	32818		
	City		Zip Code			
Many Desistance Assembly Classical Colonial T	\!_A A					

### 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

Page 1 of 2

Devon Kennea

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 **Type of Action** Title <u>Name</u> **Address** KATHY SALOMON MGR. ☑ Add □ Remove 604 JAGUAR COURT KISSIMME\_FL 34759 ☐ Remove ☐ Add Remove Add Remove \_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **6TH JUNE** presentative of a member Signature of Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00