## LIIOOOOUWSO

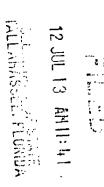
(Reque	stor's Name)		
(Addres	s)		
(Addres	s)		
(City/St	ate/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Busine	ss Entity Nam	re)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filin	g Officer:		

Office Use Only



200237194512

07/13/12--01007--010 \*\*25.00



B. BOSTICK

JUL 17 2012

EXAMINER

## **COVER LETTER**

SUBJECT:	M.&.S Manage	ement Services LLC		
* * .	Name of Limit	ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
•	pondence concerning this matter	_		
Licase icanii an cane	houseage concerning any mane	to the following.		
		Pithy Ctowart		
•		Billy Stewart  Name of Person	<del>.</del>	
		7.7.7.7.7.7.7.		
	V and	d B Accounting Services		
		Firm/Company		
•		8031 Ebersol Rd	,	
		Address	72	
•	_			- L
	Ja	cksonville, FL 32216	<u>ت</u> : خ	5
		City/State and Zip Code		- F
	Vē	andbacc@gmail.com		
	E-mail address: (to	o be used for future annual report notif	ication)	
For further information	concerning this matter, please or	all:	<b>2</b> 5	
	Billy Stewart	at (. 904!)	509-1855	
	of Person	Area Code & Daytim		
** ,		·		
England in Francis C	ali a Pattainia di amanda			
	r the following amount:			
<b>₹25.00 Filing Fee</b>	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	e of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

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

M & S Manageme	ent.Services	LLC		
(Name of the Limited Liability Comps (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	April 20, 2011	and assigned	
Florida document number L11000046686				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lial</u>	bility company he	re:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	pany," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applicable:		Ţ÷,		
(Principal office address MUST BE A STREET ADDRESS)			Live E 1	
		<u> </u>		
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	*******	5. <u>2</u>	y ame	
		3%		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>enter t</u>	ne náme of the nev	
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:				
	Enter Florida street address			
		, 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, enter the title, name, and address of each Managers or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	· <u>Name</u>	<u>Address</u>	Type of Actio
MGRM	Zaher Salloum	304 SWEETBRIER BRANCH LN ST JOHNS FL 32259	Add Remove
MGRM_	Samer G Saloum	10411 Scott Mill Rd Jacksonville, FL 32257	Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
		JUL 13 AM	400
	7/11.	2012	
	X Color	nember or authorized representative of a member	
	ZAHEK S	ALLOUM Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00