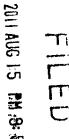
(Requestor's Name) (Address)		
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(Business Entity Name)		
(Document Number)	-	
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Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HN ANGEL FROM ABOUT LIMITED LIABILITY SOLUTIONS, "LLC" 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:
Marthenia L. King-Mapps
An Angel From About LIMITED LIFBILITY SOCUTIONS, ILLC! 10201 S. W. ZIST Street Address
Miramar + Wr. Da 33025
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marrhen. a. L. King-Dams at (954) 558-5852 Name of Person Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \text{Certificate of Status}\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\ \text{S55.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\ (additional copy is encl
MAILING ADDESS. STREET/COUDIED ADDESS.

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

,	F	2011 AUG 15 PM 9: 50
ANGZL FROM A (Name of the Limited Liability Comba (A Florida Limited I	ROUE //// ny as it now appears on o Liability Company)	TE FSECHARIZATY SOLUTION UN PROCESSE AHASSEE, PLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L/1/00091943</u> .		
This amendment is submitted to amend the following:	. ·	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<i>_</i>	IA
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<i>N</i> /	\
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:		
	Enter Flo	orida street address
	City	, Florida Zip Code
New Degistered Agent's Signature if changing Degistered Agents	•	Esp Couc

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

MGR = Manager

<u> </u>				Add Remove Add Add Remove
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ng any other informatio	n, enter change			esary.)
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Murthen	nw d	<u>Ling</u> - 1 or authorized represe	Mapps ntative of a member	TUF STATE SEE, FLORIDA
I	08/13 Murthen	Marthenia L. Signature of a member of	g any other information, enter change(s) here: (Attach as the change) Maythema L. Knig - In Signature of a member or authorized representation.	g any other information, enter change(s) here: (Attach additional sheets, if neces 08/3, 201/. Maythe ma L. Knig - Mason

Page 2 of 2

Filing Fee: \$25.00