

L11000165261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

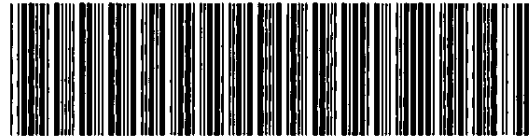
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B. KOHR

FEB 17 2012

EXAMINER



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02/13/12--01016--021 **30.00

813-333-1827

12 FEB 13 PM 2:43

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Client Referral Services \$ Associates 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:

Isovict Lizet R Murillo

Name of Person

Client Referral Services & Associates LLC

Firm/Company

1106 N Parson Ave

Address

Brandon Florida, 33510

City/State and Zip Code

info@ clientreferralservice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isovict Murillo

Name of Person

at (813)

438-4497

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

12 FEB 13 PM 2:43

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Client Referral Services \$ Associates LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
12 FEB 13 PM 2:43
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/14/2011 and assigned
Florida document number L11000105261.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Client Referral Services & Associates LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1106 N Parson Ave

(Principal office address MUST BE A STREET ADDRESS)

Brandon Florida 33510

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Isoviet Lizet R Murillo

New Registered Office Address:

1106 N Parson Ave

Enter Florida street address

Brandon

Florida

33510

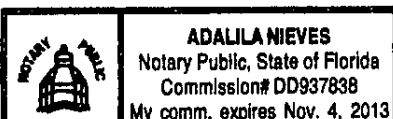
City

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.

Isoviet L. Murillo
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 Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lizette Murillo	1106 N Parson Ave Brandon FL 33510	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Isovict Lizet R Murillo	1106 N Parson Ave Brandon FL 33510	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.

/s/ ISOVICT LIZET R MURILLO

Signature of a member or authorized representative of a member

Isovict Lizet R Murillo

Typed or printed name of signee