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G. MCLEOD

DEC 21 2011

**EXAMINER** 



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11 DEC 20 PH 5: 16
SECRETARY OF STATE
ALLAHASSEF, FI ON THE



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28015 Smyth Drive, Santa Clarita, CA 91355, USA Phone **1-800-COMPANY** (1-800-266-7269) / 1-661-253-3303 / Fax (661) 259-7727

December 19, 2011

Attn: Florida Department of State

Enclosed are a check and a signed copy of the articles of amendment for: All-Resource Communications LLC

Can you please file the articles of amendment and ship a copy of the filed documents back to me via FedEx in the envelope which I have provided.

Please contact us if there are any questions about the filing.

Thank you,
Gerson Hernandez
Legal Department Manager
gerson@1800company.com
gersonhernandez1@gmail.com

Tel: 1-800-COMPANY Direct Tel: 661-310-2823 Fax: 661-257-0263

# **COVER LETTER**

| TO:           | Registration S<br>Division of Co |  |   |  |
|---------------|----------------------------------|--|---|--|
| SUBJ          | ECT:                             | All-Resource                               | Communications LLC  |  |
|               |                                  |  | ited Liability Company  |  |
| The en        | closed Articles o                | f Amendment and fee(s) are sub             | bmitted for filing.   |  |
| Please        | return all corresp               | condence concerning this matter            | r to the following:   |  |
|               |                                  |  | Gerson Hernandez  |  |
|               |                                  |  | Name of Person  |  |
| 1-8           |                                  |  | 1-800-COMPANY   |  |
|               |                                  |  | Firm/Company  |  |
|               |                                  |  | 28015 Smyth Dr.   |  |
|               |                                  |  | Address   | <u> </u>   |
|               |                                  |  | Valencia CA 91355   |  |
| •             |                                  |  | City/State and Zip Code   | ,  |
|               |                                  | legaldepa                                  | artment@1800company.c   | om   |
| For fu        | ther information                 | concerning this matter, please of          |   |  |
|               |                                  | son Hernandez                              | at (_661_)  | 310- 2823  |
|               | Name                             | of Person                                  | Area Code & Daytı   | me Telephone Number ,  |
| Enclos        | ed is a check for                | the following amount:                      |   |  |
| <b>□\$</b> 25 | 5.00 Filing Fee                  | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclose | \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 DEC 20 PM 5: 16

SECRETARY OF STATE

| All-Resource Communication   | ons LLC 'ALL'  | HASSEE FLORIDA                        |  |  |
|--|--|---------------------------------------|--|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited L       | it as it itow appears on our records.                      | TONION                                |  |  |
| The Articles of Organization for this Limited Liability Company            | were filed on <u>11/14/2011</u>                            | and assigned                          |  |  |
| Florida document number <u>L11000128871</u>                                |  |                                       |  |  |
|  |  |                                       |  |  |
| This amendment is submitted to amend the following:                        |  |                                       |  |  |
| A. If amending name, enter the new name of the limited liab                | ility company here:  |                                       |  |  |
|  |  | (41 I O)                              |  |  |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ted Liability Company," the designation                    | i "LLC" or the abbreviation           |  |  |
| Enter new principal offices address, if applicable:                        | Suite 4, 3rd Floor, Ahmee                                  | d Centre I-8 Markaz                   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)                        | Islamabad, Pakistan 44000                                  | )                                     |  |  |
|  |  |                                       |  |  |
|  |  |                                       |  |  |
| Enter new mailing address, if applicable:                                  |  |                                       |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)                                 |  | · · · · · · · · · · · · · · · · · · · |  |  |
|  |  |                                       |  |  |
| B. If amending the registered agent and/or registered of                   |  | r the name of the new                 |  |  |
| registered agent and/or the new registered office address her              | <u>e</u> :   |                                       |  |  |
| Name of New Registered Agent:  |  |                                       |  |  |
|  |  |                                       |  |  |
| New Registered Office Address:   | w 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                     | Address   | Type of Action  |
|--------------|---------------------------------|---|-----------------|
| MGR          | Shujat Talat                    | Suite 4 Ahmed Centre  I-8 Markaz  Islamabad, Pakistan 44000                 | Add<br>✓ Remove |
| MGR          | Shajat Talat                    | Suite 4, 3rd Floor, Ahmed Centre<br>I-8 Markaz<br>Islamabad, Pakistan 44000 | Add Remove      |
| MGR          | Saad Nadir                      | 100 East University Blvd Apt A23 Melbourne FL 32901                         | ✓ Add<br>Remove |
|              | <del> </del>                    |   | Add Remove      |
|              |                                 |   | Add<br>Remove   |
|              |                                 |   | Add<br>Remove   |
| D. If a      | amending any other information, | enter change(s) here: (Attach additional sheets, if necessary               | .)<br>          |
|              |                                 |   |                 |
|              |                                 |   | <del></del>     |
| Dated        | December 19                     | e of a member or authorized representative of a member                      |                 |
|              |                                 | - Authorized Representative   |                 |
|              | Vealu Messell                   | Typed or printed name of signee   |                 |