L11000135288

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12 FEB - I AM IO: 35 SECRETARY OF STATE

COVER LETTER

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:	F & M MUL	TISERVICES LLC	
4	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	F	RANCESSE CHERY	
		Name of Person	
		Firm/Company	
	<u> </u>	07 S STATE ROAD 7	
		Address	
	PL	ANTATION, FL 33317 City/State and Zip Code	
	Fch	HERY06@GMAIL.COM to be used for future annual report notification	nn)
For further information	concerning this matter, please c	•	,
Name (of Person	at () Area Code & Daytime Tel	ephone Number
Enclosed is a check for t	he 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)
Regist	JNG ADDRESS: ration Section	STREET/COURIER Registration Section	
	on of Corporations Sox 6327	Division of Corporation Clifton Building	ns

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ** ARTICLES OF ORGANIZATION OF

FILED 12 FEB - I MID: 39

F&M (<u>Name of the Limited Liab</u> (A Flor	MULTISERVICES LLO bility Company as it now appear ida Limited Liability Company)	SECRETARY O s on our feebrass SSEE,	F STATE FLORIDA
The Articles of Organization for this Limited Liabili Florida document numberL11000135288	ty Company were filed on		_ and assigned
This amendment is submitted to amend the following A. If amending name, enter the new name of the	-	e:	
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicables (Principal office address MUST BE A STREET AL	words "Limited Liability Compa		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office:		our records, enter the	name of the new
Name of New Registered Agent: New Registered Office Address:			
	Eni	ter Florida street addres. , Florida	S
	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>:

<u>Title</u>	<u>Name</u>	Address	Type of Actio
Mgrm	CLAUDE ADLER	107S STATE ROAD 7 PLANTATION, FL 33317	Add Remove
			Add Remove
			Add Remove
·	·		AddRemove
			Add Remove
			Add Remove
D. If amend 	ing any other information, enter c	change(s) here: (Attach additional sheets, if nece	FILI 12 FEB -1 SILCRETARY TALLAHASSE
 Dated	January 30	2012	AM IO: 35 OF STATE E, FLORIDA

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Filing Fee: \$25.00