## #L/1000137477

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
ALLAHASSEE; FLORIDA

K.SALY EXAMINER DEC 10 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CONSUMER Services America, 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:
Michael A. Di Mauro, Esg.  Name of Person  Michael A. Di Mauro, P.C.  Firm/Company
Firm/Company
159 New Jorp Plaza Address
Staten Island, NY 10306  City/State and Zip Code  Michael A DiMauro & Vahoo. com  E-mail address: (to be used for future annual seport notification)
For further information concerning this matter, please call:
Michael A. DiMauro, ESg. at (718) 351-7747  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$ Certificate of Status  \$55.00 Filing Fee & Certificate Opy (additional copy is enclosed)  \$260.00 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

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 6, 2011 and assigned Florida document number <u>L 11000 | 37477</u>.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2455 East Survise Blud. Ste. 800 Ft. Lauderdale, FL 33304
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2455 East Sunrise Blvd. Ste. 800 Ft. Lauderdale, FL 33304

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:

New Registered Office Address:

2455 East Sunrise Blvd. Ste. 800

Enter Florida street address

Ft. Landerdale, Florida 33304

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 Manager or Managing Member being added or removed from our records:

MGR = Man MGRM = Ma	ager anaging Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Craig A. Fine	159 New Dorp Plaza Staten Island, NY 10306	\dagged \text{Model Add }		
MGRM	Nu Energy Group, LC	C 1994 E. Sunrise Blvd 223 Ft. Landerdale, Ft 32304	Lo Roman		
MGRM	RBK Trust	249 Scranton Street Aurona, Co 80011	Add		
<u>MGRM</u>	Frank Karpicki	22 Brandywine Rd. Ocean Yourship, NJ 07712	Ada Concenove		
<u>MGRM</u>	Scott Reinskin	300 Huguenot Avenue Staten Island, Ny 10312	_ <b>_</b>   Wd Adq 2_   □   move 		
			dd move		
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_		
			-		
	1 1111 2		<del>-</del>		
Dated	ecember 4th 20	<u>/                                    </u>			
-		r authorized representative of a member			
_		Mauro r printed name of signee	1824		
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00