

# L12000043364

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

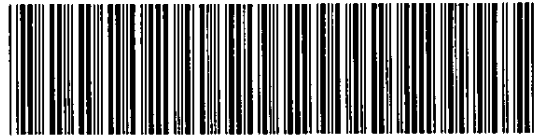
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN - 6 2012  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 4 FRIEND'S SERVICES, 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:

**CARLOS M POUZADA**  
Name of Person  
**4 FRIEND'S SERVICES, LLC.**  
Firm/Company  
**8402 BEDFORD LN**  
Address  
**TAMPA, FL., 33615**  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CARLOS M POUZADA** at ( **813** ) **716 4727**  
Name of Person Area Code & Daytime Telephone Number

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TALLHASSEE, FLORIDA  
SECRETARY OF STATE

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



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

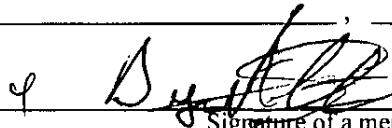
| <u>Title</u> | <u>Name</u>      | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|------------------|---|--|
| MGR          | TANIA E MARRERO  | 12504 TRAIL BLAZER LOOP APT 204<br>TAMPA, FLORIDA 33625 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | ALBERTO ARANDA   | 12504 TRAIL BLAZER LOOP APT 204<br>TAMPA, FLORIDA 33625 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | CARLOS M POUZADA | 8402 BEDFORD LN<br>TAMPA, FL 33615                      | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
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\_\_\_\_\_  
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Dated \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 y Agustin Cortes Flores  
 \_\_\_\_\_  
 Typed or printed name of signee