## 112000061336

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2012 HAY 17 AM 9: 12

J. SAULSBERRY EXAMINER

MAY 18 2012

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

SUBJECT:		IULTISERVICES LLC	
The enclosed Artic	les of Amendment and fee(s) are su	ubmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
		EDILMA E CHUICA	
		Name of Person	
		,	
		Firm/Company	
		11228 S.W. 5TH TERR	<u>.                                    </u>
		Address	
		MIAMI FL 33174	
		City/State and Zip Code	MIZ HAY 17 SECRETAR'SELLAHASS
	E-mail address:	(to be used for future annual report notification)	
For further informa	ation concerning this matter, please	e call:	ARY SSE
	<i>5</i> /1		
	EDILMA E CHUICA	at ( 786 ) 291-6	<u> چې څخ</u> وي 📞
,	Name of Person	Area Code & Daytime Teleph	one Number 27 7
Enclosed is a checl	k for the following amount:		•
<b>≥</b> \$25.00 Filing F	cee \$\int_\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
; I F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDRE	M MULT	ISERVICES I	LLC	<u> </u>	
( <u>Name of the Limited Li</u> (A Fl	ability Comp orida Limited	any as it now appea Liability Company)	rs on our records.)		
. The Articles of Organization for this Limited Liability Company were filed on			MAY 7,2012	and assigned	
Florida document number L120000613	36				
This amendment is submitted to amend the follow	ing:			•	
A. If amending name, enter the new name of the	ie limited lia	bility company he	<u>re</u> :	,	
The new name must be distinguishable and end with t "L.L.C."	he words "Lir	mited Liability Comp	any," the designation "l	LLC" or the abbreviati	
Enter new principal offices address, if applicab	le:	N/A		<del>712</del>	
(Principal office address MUST BE A STREET ADDRESS)		_		28 # 1	
Enter new mailing address, if applicable:		N/A		HASSEF.	
(Mailing address MAY BE A POST OFFICE BOX)				TEST 9	
				RATE TO	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter :</u>	the name of the ne	
Name of New Registered Agent:	N/A				
New Registered Office Address:					
	Enter Florida street address				
			, Florida	Zip Code	
		City		zip Coae	

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 = Manager

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
<del> </del>			Add Remove
			Add Remove
D. If ame	ending any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.,	)
اِ	NAME OF REGISTERED AGENT A	ND MGRM IS:	<b>20</b>
Ţ	EDILMA E CHUICA-MANCHEGO (C	ORRECT) INSTEAD OF	2012 HAY 17 SECRETARY ALLAMASSE
-	THE FOLLOWING INCORRECT INF	FORMATION:	HAY IT
<u> </u>	EDILMA E CHUICA-MANCHECO (C	HANGING ONE LETTER ONLY, G FOR	
-	THANKS FOR YOUR CONSIDERAT	TION ON THIS MATTER	AM 9: 12
Dated	MAY 14 , 20	012	DA .
		Sales De la companya della companya della companya de la companya della companya	
	· · ·	or authorited representative of a member	<del></del>
		RGE R.SANCHEZ or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00