LIROOD	132645
(Requestor's Name) (Address) (Address)	700242173517
(City/State/Zip/Phone #)	01/04/1301001006 ★★840.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2013 JAN - 8 PH 1:07 SECREDARY OF STATE TALLAHASSEE FLORIDA
Office Use Only	D. BRUCE JAN 0 9 EXAMINER

# **COVER LETTER**

	ration Secon of Corj			
4	AL Man	agement Services, LLC	;	
SUBJECT:		Name of Limite	ed Liability Company	<u></u>
The enclosed A	rticles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all	correspo	ndence concerning this matter t	to the following:	
		Tristan OConnell		
		- <u>-</u>	Name of Person	
		<u> </u>	Firm/Company	
4250 Park Blvd		_		
	Address			
		Pinellas Park, FL 337	781	_
		tristan.oconnell@mag		
For further info	rmation c	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notification	
Tristan OCo			410 346-5357	
	Name o	f Person	Area Code & Daytime Tele	
Enclosed is a cl	heck for th	ne following amount:		A 7
□ \$25.00 Filir	ng 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	S

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAL Management Services, LLC	AL Management	Services,	LLC
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#### (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

Enter new principal offices address if applicables

## 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

4250 Park Blvd

Enter new principal offices address, if applicable.	
(Principal office address MUST BE A STREET ADDRESS)	Pinellas Park FL 33781

4250 Park Blvd Enter new mailing address, if applicable: Pinellas Park, FL 33781 (Mailing address MAY BE A POST OFFICE BOX) 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:  $\circ$ Tristan OConnell Name of New Registered Agent: 4250 Park Blvd New Registered Office Address: Enter Florida street address Pinellas Park 33781 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

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager</u> or <u>Managing Member being added or removed from our records</u>:

## MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
MGRM	David Finkelstein	7114 Bluebell Ct	Add
		Lakewood Ranch, FL 34202	Remove
MGRM	Tristan OConnell	4250 Park Blvd	Add
		Pinellas Park, FL 33781	Remove
			Add
			Remove
			Add
			Remove
			Remove
			Add
			Remove

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

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Filing Fee: \$25.00

