Division of Corporations



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

Fax Number

From:

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000062 Phone : (323)962-8600 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **: >=

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAID-2-ORDER SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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Electronic Filing Menu

Corporate Filing Menu

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MAY 28 2014

S. YOUNG

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Registration Section

TO:

COVER LETTER

Div	ision of Corp	porations		
	MAID-2-C	ORDER SERVICES, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
				ESE F
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	27
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		₹
			Firm/Company	
		100 W. Broadway Suite	100	
		 	Address	
		Glendale, CA 91210		
			City/State and Zip C∞le	
		ivy.martinez@rocketmail	Leom to be used for future annual report noti	fication)
For further i	nformation c	oncerning this matter, please ea		,
Imelda Va	squez		323 962-8600 e	xt 7950
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ie following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (udditional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ration Section of Corporations	STREET/COUR: Registration Section Division of Corpo	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our lited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number 1.14000039564	pany were filed on 03/10/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Made-2-Order Services, LLC		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	d office address on our r here:	ecords, enter the name of the
New Registered Office Address:	Enter Florida street	t address
	Error 4 try tau str ess	
		, Florida
	City	Zin Code

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 605, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	IVELIZ MARTINEZ	120 CITRUS DRIVE	Add
		KISSIMMEE, FL 34743	☑ Remove
AMBR	CALIN DE LOS SANTOS	120 CITRUS DRIVE	⊠ Add
		KISSIMMEE, FL 34743	□ Remove
			Remove
			Add
			□ Rеплоче
			
			Add ☐ Remove
			Add
V6(80	SECRETARASSECTES		Remove
	17 17 JV 51 W		

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Page 2 of 3

	iy other littermation, enter	r change(s) here	: (Attach additional sheets,	if necessary.)
~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~				
Frective date, he effective date this documents	if other than the date of Hi must be specific, cannot be prior to ment is filed by the Florida Depart	iling: o date of receipt or fit tment of State)	ed date and cannot be more than 9	(optional) O days after
the date this docur	ment is filed by the Plotids Depart	iment of State)	ed date and cannot be more than 9	(optional) Odays after
the date this docur	May 23rd	ment of State)	_ ·	
Effective date, The effective date is the date this document Dated	May 23rd	2014	ed date and cannot be more than s	

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Filing Fee: \$25.00

