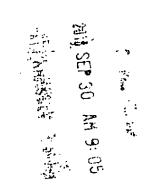
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:		Tamly Servi	us ILC
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	Sign G
Please return all correspon	ndence concerning this matter t	o the following:	3 5 °
	Sherri	MAKQUIS Name of Person	
		Firm/Company	
	3515 D	IANE DRIVE	
	Baynt	ON BEACH 7	33436
	E-mail address: (t	obe used for future annual report notifi	ichion) Con
For further information co	oncerning this matter, please ca	II:	
Sherri Name of	Mac Ous Person		Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ Citv

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MG-R ARMBER	Sherri Laurctoire	BOYN TON BEACH 9	Add
	MAR QUIS	BOYN TON BEACH 7	/ _□ Remove
		33435	Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			Change

Hame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	- Shu. Lastini Marsus
	Signature of a member or anthorized representative of a member
	Sherri L. MARQUIS Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00