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2011 JUN 14 AM DE 56
SECRETARY OF STATE
TALL AHASSEE, FLORID

T. CLINE

JUN 15 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	CLEAN	NLAND, L.L.C.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
		SONIA LOPEZ	
	-	Name of Person	
	CLEANLAND, L.L.C.		
		Firm/Company	
	W 36TH STREET SUITE 618		
Address			
		DORAL, FL 33166	
		City/State and Zip Code	
	SONIACLE E-mail address: (EANLAND@BELLSOUTH.NET (to be used for future annual report notification)	
For further information	concerning this matter, please		
		Ä	201 SE
	ONIA LOPEZ	at (305) 310-1954 E	
Name	of Person	Area Code & Daytime Telephone Number	2011 JUN 14 SECOLIAR)
Enclosed is a check for	the following amount:	. (u. (u. (u. (u. (u. (u. (u. (u. (u. (u	P = III
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Certified Copy Certificate Copy (additional copy is enclosed) Certified Copy (additional co	Status & 7

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

CL	EANLAND, L.L.C.			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabilit		05/19/2006	and assigned	
Florida document number <u>L06000051918</u>	<u> </u>			
This amendment is submitted to amend the following	3:			
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation '	SEI	
Enter new principal offices address, if applicable:			AR E	
(Principal office address MUST BE A STREET AD	DDRESS)		ASS =	
Enter new mailing address, if applicable:			FEE FLORI	
(Mailing address MAY BE A POST OFFICE BOX			DIT 6	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street ad	dress	
	City	, Florida _	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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LOPEZ, ROBERTO	6991 NW 82 AVE # 8 MIAMI FL 33166	
MGRM	LOVAIZA, ROBERTO D	8051 NW 36 STREET #618 DORAL, FL 33166	Add Remove
			Add Remove
			Add Remove
			SEE.FLORI
D. If amendi	ing any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	Reffitove
			 -
Dated	MARCH 31	2011 .	
-	-	mber or authorized representative of a member SONIA LOPEZ, MGRM Typed or printed name of signee	<u> </u>

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Filing Fee: \$25.00