

L 6000086650

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JUL 25 2013
T. HANPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BETTY'S PRO WINDOW CLEANING, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLETTE J. KRAEMER
Name of Person
BETTY'S PRO WINDOW CLEANING, LLC
Firm/Company
1 FIELDING PLACE
Address
PALM COAST, FL 32137
City/State and Zip Code
NKCOLETTE@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLETTE KRAEMER at (386) 9860274
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

BETTY'S PRO WINDOW CLEANING LLC

(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 09/05/2006 and assigned Florida document number L06000086650.

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 end with 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)

1 FIELDING PLACE
PALM COAST, FL 32137

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1 FIELDING PLACE
PALM COAST, FL 32137

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:

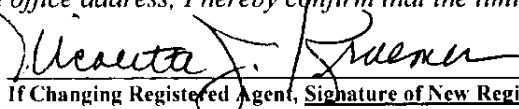
Name of New Registered Agent: NICOLETTE J. KRAEMER

New Registered Office Address: 1 FIELDING PLACE
Enter Florida street address

PALM COAST, Florida 32137
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

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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
MGRM = Managing Member

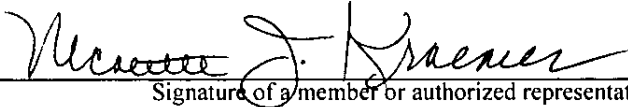
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICOLETTE J. KRAEMER	1 FIELDING PLACE	<input checked="" type="checkbox"/> Add
		PALM COAST, FL 32137	<input type="checkbox"/> Remove
MGR	BETTY C. MULHALL	57 EAST LAKE DR	<input type="checkbox"/> Add
		PALM COAST, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NEW FEDERAL EIN NUMBER 45-3233536

Dated **JULY 22**, **2013**



Signature of a member or authorized representative of a member

NICOLETTE J. KRAEMER

Typed or printed name of signee

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Filing Fee: \$25.00

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