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T. CLINE

JUN - 9 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A-1 REO/FORECIOSURE CEANING, LIC (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:	
Robert D. BRITTON (Name of Person)	
A-1 REOFFORECIOSURE CLEAning, LLC	
1919 CANTON ST	
ORIANdo, FL 32803 (City/State and Zip Code)  ARE SECTION OF THE SE	energy G
For further information concerning this matter, please call:	
For further information concerning this matter, please call:  Robert Britton  (Name of Person)  at (407, 230-0217, 95)  (Area Code & Daytime Telephone Number)	***
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee 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

. A1 REO/FORECIOSE	UTE CLEANING, LL	<u>C</u>	
(Name of the Limited Lia (A Flo	ibility Company as it now appears or ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document number 1090005	lity Company were filed on	-20-2009 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here	:	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:	<b>5</b>	
(Principal office address MUST BE A STREET A	DDRESS)	LECT O9.	
		HE UN TI	
		HE ST CO Process	
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX	<u>x</u> ) · · · · · · · · · · · · · · · · · · ·		
		DA 16	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new	
Name of New Registered Agent:	•	<u> </u>	
New Registered Office Address:			
	. (Ent	er Florida street address)	
_	, 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.

MGR = Manager MGRM = Managing Member Title Name **Address Type of Action** Smith, LARON
HAYES, OSCAR L m<u>Ghm</u> 🗂 Add Remove Remove Add 🗂 □ Remove ·, . D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

'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:

Page 2 of 2

Filing Fee: \$25.00