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EXAMINER
DEC 3 2010

COVER LETTER

EcolHS Janatorial Division, LLC SUBJECT: 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: Julio Castro Name of Person **EcoIHS Janitorial Division** Firm/Company 7320 NW 12 Street, Suite# 115 Address Miami, Florida 33126 City/State and Zip Code mmartin@ihs-us.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 591-0413

Area Code & Daytime Telephone Number Michael Martin Name of Person Enclosed is a check for the following amount: \$55.00 Filing Fee & \$60.00 Filing Fee. \$30.00 Filing Fee & \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

	~	2012	
		NO.	DEC -2 PM 2
EcoIHS Ja	anatorial Division, L	LC (in)	DEC -2 PM 2: 17
(Name of the Limited Liability (A Florida	ty Company as it now appea	rs on our records	Marie Visus
(A Fionda	Limited Liability Company)	-	
The Árticles of Organization for this Limited Liability	Company were filed on	11/18/2010	and assigned
Florida document number L10000120005	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company her	<u>e</u> :	
EcolHS J	anitorial Division, LLC		
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Compa	nny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
<u> Principal office address MUST BE A STREET ADD</u>	RESS)		
Enter new mailing address, if applicable:			
·		 	
Mailing address MAY BE A POST OFFICE BOX)			
		_	
B. If amending the registered agent and/or regi		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office ad	<u>aress nere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	En	ter Florida street ada	lress
	City	, Florida	7: C - 1-
	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

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>:

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
Ē			Add
-			Remove
			Add
			Remove
			Add Remove
			Add Remove
			Add Remove
			
			Add Remove
). If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
		A 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
			_ _
_			-
***************************************		11	_
Dated		· ·	
		per of authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00