

L11000011749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

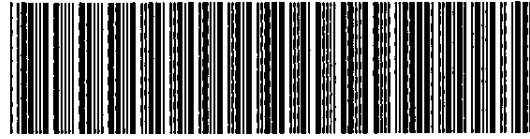
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A. LUNT

FEB - 8 2011

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2012 FEB - 6 PM 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TO: Registration Section
Division of Corporations

SUBJECT: NATURALLYGREEN CLEANING SERVICES, 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:

BRIGITTE Y. FOSTER

Name of Person

NATURALLYGREEN CLEANING SERVICES, LLC

Firm/Company

4905 34TH STREET SOUTH, SUITE 199

Address

ST PETERSBURG, FL 33711

City/State and Zip Code

info@anaturalclean.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB -6 PM 4:02

FILED

For further information concerning this matter, please call:

Brigitte Y. Foster

Name of Person

at (727)

290-8135

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

OF 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>
MGRM	VICKIE CLIFTON	4945 HARDING ROAD ST. PETERSBURG, FL 33709	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____

Brigitte Y. Foster

Signature of a member or authorized representative of a member

BRIGITTE Y. FOSTER

Typed or printed name of signee

STATE BAR OF FLORIDA
 TALLAHASSEE, FLORIDA

2012 FEB -6 PM 4:02

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