

L 11000016507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

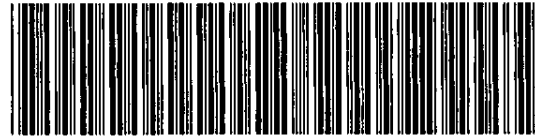
(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
JAN 31 2013

2013 JAN 31 AM 8:30

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J. SAULSBERRY
EXAMINER

FEB 1 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **All-Pro Clean 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:

H. Pham

Name of Person

All-Pro Clean Services LLC

Firm/Company

19353 U.S HWY 19 North

Address

Clearwater Florida 33764

City/State and Zip Code

contracting@all-procleaning.com

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

For further information concerning this matter, please call:

Name of Person

at ()

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALL-PRO CLEAN SERVICES 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 02/08/2011 and assigned
Florida document number L11000016507.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BUILDING MAINTENANCE OF TAMPA LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TAMPA, FLORIDA

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: _____

New Registered Office Address: _____

Enter 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.

If Changing Registered Agent, Signature of New Registered Agent

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	ANTHONY LEONARDO	19353 US HWY 19 NORTH SUITE 101	☐ Add
		CEARWATER FLORIDA 33764	☒ Remove
MGRM	HUONG THI PHAM	19353 US HWY 19 NORTH SUITE 101	☐ Add
		CLEARWATER FLORIDA 33764	☒ Remove
MGRM	JSA LLC	1712 PIONEER AVE SUITE 861	☒ Add
		CHEYENNE WYOMING 82001	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

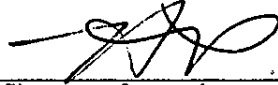
SECRETARY OF STATE
FIDELITY INVESTMENT CORPORATION

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

Dated Jan 29, 2013



Signature of a member or authorized representative of a member

Huong Pham

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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DEPT. OF STATE
TALLAHASSEE, FLORIDA