# L13000000623

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PICK-UP	☐ WAIT	MAIL	
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Special Instructions to Fi	ling Officer:		
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SECRETARY OF STATE

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

### Bomanator window cleaning and pressure washing 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:

## **Clifford Bowman**

Name of Person

Bowmanator window cleaning and pressure washing LLC

Firm/Company

# 290 Nimrod Circle

Address

Niceville, FL 32578

City/State and Zip Code

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

For further information concerning this matter, please call:

# Clifford Bowman

,, O,

850,217-5161

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

Bomanator window cleaning and pr			
( <u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on mited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L1300000623</u>	mpany were filed on Decem	ber 6 2012	_ and assigned
Fiorida document number	-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
Bowmanator Window Cleaning and Pressure	Washing, LLC		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company,"	the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		Pro e c	
(Principal office address MUST BE A STREET ADDRE	ESS)	ALC:	<u> </u>
		D 217 22 (7)	
		- SAS	
Enter new mailing address, if applicable:		m <u>c</u> m⊂	
(Mailing address MAY BE A POST OFFICE BOX)			The state of the s
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<b>5 16</b> 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 69 11		e a
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ecords, enter the	name of the new
	,		
Name of New Registered Agent:		- <del></del>	
New Registered Office Address:	Post of P	l	
	Enter F	lorida street addres	S
	Cin	, Florida	Zip Code
	City	•	ир соае

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 = N	<b>Anaging</b>	Member		
ent.				

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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		SEE F.	平门
		STATE	Add Add
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			Remove

. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
Feb 8	2013
Che Bran	
-	of a member or authorized representative of a member
Clifford Bowman	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 FEB IL PH I: 51