01000021574

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Da	a company to the second	
(D0	cument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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05/17/10--01016--009 **25.08



J. BRYAN
MAY 1 \$ 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co	ection rporations		
SUBJI	ECT:	A CLEA	N SWEEP, LLC	
		Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub	-	
			to the solid many	
			ERIC KROESEN	
			Name of Person	報言へ
Α		Α	CLEAN SWEEP, LLC	温室产
		·	Firm/Company	
81 ⁻			7 MORAVON AVENUE	TO MAY 17 PM 3: 34
			Address	
		JACKS	ONVILLE, FLORIDA 32211	
			City/State and Zip Code	
		A-CLEAN	N-SWEEP@HOTMAIL.COM to be used for future annual report notifica	tion)
For fu	rther information	concerning this matter, please of	•	nion)
	CD.	IO KROESEN	004	70.2540
		IC KROESEN of Person	at (904) 3	79-3510 Celephone Number
Enclos	sed is a check for	the following amount:		
\$25	5.00 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)
	Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURIE Registration Section Division of Corporat	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A CLEA	AN SWEEP, LLC		
(Nam	e of the Limited Liability	Company as it now appears imited Liability Company)	on our records.)	and i
	(A FIORIDA LI	imited Liability Company)	200 to	. //
The Articles of Organization for	this Limited Liability Co	ompany were filed on DEC	CEMBER 13, 2001 and a	Signed 1
_	-	ompany were med on <u>BE</u>	7 70	Signed (
Florida document number	L01000021574	_·	65.74	3/2 C
				ري م د س
This amendment is submitted to	amend the following:			ジャ 、 ひ
This amenation is saointed to	amena me ionowing.		ĺ	766 - E
A. If amending name, enter th	e new name of the limit	ted liability company here	:	***
The new name must be distinguish	all and with the ware	da "Limitad Liability Caman	y " the designation "I I C" a- the	ohbrovistica
"L.L.C."	able and end with the word	as "Limited Liability Compan	y, the designation LLC of the	aobreviation
5.2.0.				
Enter new principal offices ad	dress, if applicable:			
(Principal office address MUS)	T BE A STREET ADDR	ESS)		
				
Enter new mailing address, if	applicable:			
(Mailing address MAY BE A P	OST OFFICE ROY)			
Muning dutiess MAI BL AI	OST OFFICE BOXY			
		-	·	
B. If amending the register			ir records, enter the name	of the new
registered agent and/or the ne	w registered office addr	ess here:		
Name of New Register	red Agent:			
New Registered Office	Address:			
		Ente	er Florida street address	
			. Florida	
		City	Zip Cod	le

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>	Name	Address	Type of Action
MGRM	JEFFERY LAMONTAGNE	817 MORAVON AVENUE JACKSONVILLE, FLORIDA 32211	Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Add Remove FILED 3: 35
			3: 35 FLORIDA
Dated	MAY 12 , 201 Signature of a member of	0	-
	ER	RIC KROESEN	<u>.</u>
•	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00