L0300000057

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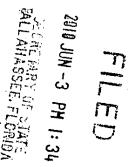
EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FLEOT WOOD CLEARERS 11, Late C. 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:
JON G TURNEY Name of Person
FLEETWOOD CLEANERS 11, LLC
4343 Handarson Blud. Ste 110 Address
TAMPA, FC 33629 City/State and Zip Code Rio. TT99 Quaker. Com E-mail address: (To be used for future annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification)
<u>ක්සී ය</u>
TON TUNNO at (R(3) 727 9937 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\$ \$55.00 Filing Fee \text{Solution}\$\$ \$\ \text{Certificate of Status}\$\$\$ \$Certificate of Status \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L63000000657</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	TAMPA, FL 33629				
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33629				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE				
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:	6 TURKER				
New Registered Office Address: #343	Handerson Blud Enter Florida street address				
TAMPA	City, Florida 336 29 Zip Code				
	Sily Sout				

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 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			A DAdd Remove
			Add On Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	·····
	<u> </u>		
<u></u>			
Dated	May 15, 2010	r or authorized representative of a member	
	JON G. TO	or printed name of signee	

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Filing Fee: \$25.00