L03000021019

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



800059931368

09/29/05--01025--012 **30.00

OS SEP 29 PH I2: 31

NALLAHASSEE, FLORIG

3/

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A-1 Floor Care LLC
(Name of Limited Liability Company)
7 9 9 9
The enclosed Articles of Amendment and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
The B I
(Name of Person)
A-1 Floor Care LLC
7681 Greenboro Drive
West Melbourne F1 32904 (City/State and Zip Code)
For further information concerning this matter, please call:
Taul M. Suda at (321) 243 1777 (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & \$\ \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

1	-1 Floor Care LLC		
•	(Present Name) (A Florida Limited Liability Company)		
FIRST: The Article document	cles of Organization were filed on 6/6/2003 and assigned to number 6000000000000000000000000000000000000		
	ndment is submitted to amend the following:		
7	an changing the		
nar	Me OF the business t	rom	
A-1	Floor Care LLC to A1	1149	\subset
$\leq e $	eaning systems LLC.	-	
		TAS 0	
		5 SE 1 ASS	7
		29 ASS	Carrier Carrier
		P P	
· _		- \forall 2	
		3/m	
Dated Septer	nber 27. 2005		
_1	and M. Juna		
′ .	Signature of a member or authorized representative of a member		
	Tand Typed or printed name of signee		

Filing Fee: \$25.00