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(Re	equestor's Name)	
(Ac	ldress)	
	. :	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/P:	isiness Entity Nar	200
(50	isiness Emily Mai	ne)
(Do	cument Number)	
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AL CAMERA MICHAEL & SOUTH

COVER LETTER

Division of C			
earn arcer.	UNIFORM	S ととと mited Liability Company)	
SUBJECT:	(Name of Lin	mited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
_	HENRY A	PORTERFIELD Name of Person)	*
	UNIFORMS E	ندو	
_	(I	Firm/Company)	
_	15248 S.TA	Amiami TRAIL H (Address)	1000
		(Address)	
_	FT. MYEKS	F	
	(City):	State and Zip Code)	
For further information	concerning this matter, please ca	all:	
HEN	RY PORTERFIELD	at (<u>235)</u> 4/3 (Area Code & Dayrime	5-9097
	(Name of Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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:

TO:

Registration Section

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

	UNIFORMS LLC		
	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on		
SECOND:	This amendment is submitted to amend the following:		
	TO: HAMILTON'S UNIFORMS LLC		
		S	SIA10 35
		NON SO	SCREET OF
			ARY COL
			APTIST
			TENS
	<u> </u>		Q,
			
Dated	10/7/05		
	Heron out to		
	Signature of a member or authorized representative of a member HENRY A. PORTERFIGED		
	HENRY A. PORTERFIBLD	_	

Filing Fee: \$25.00