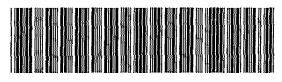
105000030019

00789-00524-0	Ple71 form + name
(Requestor's Name)	
(Address)	30005427155
(Address)	00000127100
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	МЈН
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	05/18/05~-01053~-084 **
Special instructions to Filing Officer: 6/3	
175-22219	. 05
Office Use Only	
CHINE USE CHIV	



300054271553



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 25, 2005

MIKE LIBSCOMB FLORIDA DREAM CLEANING SERVICES LLC 1527 GRADUATE CT. LEHIGH ACRES, FL 33971

SUBJECT: FLORIDA DREAM CLEANING SERVICES LLC Ref. Number: L05000030019

We have received your document for FLORIDA DREAM CLEANING SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to amend this Limited Liability Company. Also, the company name listed on the amendment form must be identical to the name listed on our records, please refer to the attached print out.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 405A00037738

Michelle Hodges Document Specialist

TRANSMITTAL LETTER

	egistration Section ivision of Corporations	;					
SUBJECT	: Florida	Dream (Name of Li	Cleaning Ser	vices CLC			
The enclose	ed Articles of Amendm	ent and fee(s) are su	bmitted for filing.				
Please retu	rn all correspondence c	oncerning this matte	r to the following:				
	Mic	hacl L	Lipscom b Name of Person)				
	Florid	r Dream C	Jenning Services L Firm/Company)	LC			
	1527 GRADUATE CT (Address)						
Lehigh Acres FL 3397/-2049 (City/State and Zip Code)							
For further information concerning this matter, please call:							
<u> </u>	Mike Lips con (Name o	of Person)		me Telephone Number)			
Enclosed is a	check for the following	amount:					
☐ \$2 5,00 Fi		.00 Filing Fee & ertificate 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)			
	PAID 5-25	705		(additional copy is enclosed)			
	STREET ADDI Registration Sec Division of Corp 409 E. Gaines St Tallahassee, Flor	tion porations treet	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, Flori	on orations			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name) (A Florida Limited Liability Company)

Florida Dream

FIRST:	The Articles of Organization document number	were filed on <u>0</u>	3-25-20 2.	and assi	gned		
SECOND:	The following amendment liability company:	(s) to the Article	s of Organization	n was/were ado	pted by the li	imited	 L
T	he Managus	names	Should	be com	ectec ·	40	≅
n Ti	he Managus nike Lips con racy Lips cor burt Brest	nb mb	<u> </u>				
C	burt Brest Aristine Bres	s t			5.1 5.1	05 JUH -3	(<u> </u>
Dated <u>5</u>	-25-05	···· ,	_·		2 11 12 12	3 PM 2:52	* · · · · · · · · · · · · · · · · · · ·
	Manage of Signature of	a member or autho	rized representative	e of a member			
	Muhael L	Typed or printe	om/S d name of signee				•

Filing Fee: \$25.00