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SECRETARY OF STATE
VALLAHASSEE, FLORIDA

J. BRYAN APR 2.0 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
subject: Clean I	First Time Treasure	Coast LLC	
	(Name of Lim	ited Liability Company)	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Michael Daley		ς. S. 00
		(Name of Person)	TEGR T
	ABS Manpower Holdings	s LLC	TO 3
(Firm Company)			
	2202 CW Martin Liliahua	u #252	TES C
	2293 SW Martin Highwa	(Address)	PH 3: 27 FEE. FLORI
			DE.
	Palm City, Florida 34990	(City State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Sandra Gardner		at (772) 201 7007	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	the following amount:		
☑ \$25.00 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)
	ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clean First Time Treasure Coast LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/14/05 and assigned Florida document number L05000119242 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ABS Manpower Holdings LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Enter Florida street address)

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.

(City)

(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** <u>Address</u> **Type of Action** _ Add ☐ Remove ☐ Add Remove **☐** Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a melpher or authorized representative of a member Page 2 of 2

Filing Fee: \$25.00