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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN - 7 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	tion orations				
SUBJECT:	CLEAN	N RITE LLC			
		ed Liability Company			
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.			
Please return all correspon	dence concerning this matter t	o the following:			
	L06000007785				
		Name of Person			
	(CLEAN RITE LLC			
		Firm/Company			
	108	BRIDGEPORT WAY			
		Address			
	KIS	SSIMMEE, FL 34758			
	City/State and Zip Code				
	CLEANRITE	SERVICES@HOTMAIL.CO	M		
	E-mail address: (to	be used for future annual report notificat	cion)		
For further information co	ncerning this matter, please ca	II: `			
REYNA	LDO A MARTE	at (
Name of	Person	at () Area Code & Daytime T	elephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

/A Planta Limited	pany as it now appears on our records.) Liability Company)	
(A Florida Limited		
The Articles of Organization for this Limited Liability Compar	ny were filed on01/23/2006	and assigned
Florida document numberL0600007785		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lir" L.L.C."	nited Liability Company," the designation "	LLC" or the abbreviation
Enton non-puissingle 60 and days 16 and 15 and 15	108 BRIDGEPORT WAY	10 IV
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34758	
		R RR
Enter new mailing address, if applicable:	108 BRIDGEPORT WAY	- DR S
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34758	86 11 11 11 11 11 11 11 11 11 11 11 11 11
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street ad	dress
	, Florida	
	City	Zip Code

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 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> <u>Name</u> Address **Type of Action** SOLTAWA ENTERANGES LIC **MMGR** 3551 FORET PARK DR ☑ Add ☐ Remove KISSIMMEE FL 34746 ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 14th Signature of a member or authorized representative of a member **REYNALDO A MARTE** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00