

L06000032983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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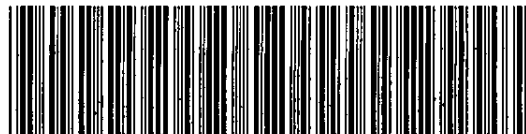
(Business Entity Name)

(Document Number)

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08 JUN 23 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 24 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PERSONAL TOUCH CLEANING SERVICE, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen E. Phillips

(Name of Person)

PERSONAL TOUCH CLEANING SERVICE, LLC

(Firm/Company)

4438 NW Albion Avenue

(Address)

Port St. Lucie, FLORIDA 34983

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen E. Phillips

(Name of Person)

at (772) 579-2130

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

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**

FILED
08 JUN 23 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PERSONAL TOUCH CLEANING SERVICE, 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 3/28/2006 and assigned
Florida document number L06000032983.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited-liability company here:

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)

8104 KIAWAH TRACE

PORT ST LUCIE, FLORIDA 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8104 KIAWAH TRACE

PORT ST LUCIE, FLORIDA 34986

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:

DARREN K. POHL

New Registered Office Address:

8104 KIAWAH TRACE

(Enter Florida street address)

Port St. Lucie

(City)

, Florida 34986

(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:

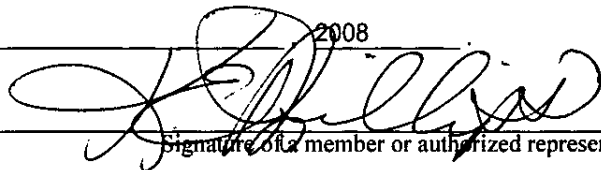
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Phillips	4438 NW Albion Avenue Port St. Lucie, FLORIDA 34983	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DARREN K. POHL	4438 NW Albion Avenue Port St. Lucie, FLORIDA 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 04/01/2008

2008


Signature of a member or authorized representative of a member

Karen E. Phillips

Typed or printed name of signee