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Special Instructions	to Filing Officer:	
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Office Use Only



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N. CAUSSEAUX

SEP 4 2008

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Conclean UC (Name of Limited Liability Company)			
The enclosed Articles of A	mendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
•	Kim Arnold (Name of Person)			
	(Name of Person)			
(Name of Person) Conclean UC (Firm/Company)				
	(Firm/Company)			
·	714 Arlene Dr (Address) Deltona FL 32725			
	(Address)			
Deltona FL 32725				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (386) 216 - 1605 (Area Code & Daytime Telephone Number)				
(Name of	Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

	OF	智名工
Conclean	n LLC	P-2
(Name of the Limited Liability Co	ompany as it now appears on our records.) nited Liability Company)	一原星 20
(A Fiorida Emi	med Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on <u>August 17, 2</u>	2007 and assigned
Florida document number <u>L 0 60000 51073</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
,		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		er the name of the new
		
Name of New Registered Agent:		
regime of frew Registered Figure.		
New Registered Office Address:	(Enter Florida street	address)
	·	,
	, Florida	(7in 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	∕lanager = Managing Member	
<u>Title</u>	Name	Address Type of Action
		Remove
•		FR P O
	MATTER 1	Add_
		- Remoye
		Add Remove
		Add Remove
		Remove
		ge(s) here: (Attach additional sheets, if necessary.)
_	Conclean LLC 15 A	100% minority-owned business.
	Kim Arnold 15 Chie	100% minority-owned business. F Executive Officer (CEO) and
•	5/ 7. owner.	
	Jalin A. Muhammo	ed 15 President and 49%
-	buner.	
Dated	August 13, 2	2008.
	Lim aux	ed_
	Signature of a member	r or authorized representative of a member
		or printed name of signee

Page 2 of 2

Filing Fee: \$25.00