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SECRETARY OF STATE.
ALLI AHASSEE FISTATE.

J. SAULSBERRY EXAMINER

AUG 10 2011

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	EAWS ENTER Name of Lim	PRISES LLC		
<u> </u>	Name of Lim	ited Liability Company	···········	
The enclosed Articles o	f Amendment and fee(s) are sui	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	PHILIC	P A · PUSSILANO Name of Person		
		Name of Person		
		Firm/Company		
	8662	TRISTAN DR Address	2011 AUG -9 AH 8: 35 SECRETARY OF STATE TALLAHASSEE. FLORIDA	
		Address	IUG -!	<u> </u>
	JACKSON	City/State and Zip Code	Y OF EE, F	7
		ILANO & G-MAIL COM to be used for future annual report notifica	STAT STAT	フ
For further information	e-mail address: (tion) Om W	
PHILIP	PUSSILANO	ot (904) 654-16	197	
Name	of Person	at (904) 654-16 Area Code & Daytime T	elephone 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)	
	LING ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL CLEAR SEWER AND DRAIN CLEANING 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 <u>06 / 23 / 2006</u>	≅Sand signed		
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L0600063226</u> .		AUG-9		
This amendment is submitted to amend the following:		E E		
A. If amending name, enter the new name of the limited liabil	ity company here:	A 8: 35		
EAWS ENTERPRISES	LLC			
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:	8662 TRISTAN DR.			
(Principal office address MUST BE A STREET ADDRESS)	TACKSONVILLE FL			
Enter new mailing address, if applicable:	8662 TRISTAN DR.			
(Mailing address MAY BE A POST OFFICE BOX)	JACKSON VILLE FL 32210			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	;	•••		
Name of New Registered Agent:	-IP A PUSSILANO			
New Registered Office Address: 8660 TRISTAN DR.				
	Enter Florida street address			
JACKS	ONVILLE , Florida_	32210		
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Add Remove Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUG 04, 2011. Dated Signature of a member or authorized representative of a member PHILIP A PUSSILAND
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00