## L06000086889

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT [	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus.
Special Instructions to Filing Officer:	ĺ
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SECRETARY OF STATE

J. BRYAN

OCT 2 8 2009

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations				
ململ ؛	des complete in	un cose & Cleanina	11.C.	
SUBJECT: WATE	Name of Lim	wn case of Cleaning ited Liability Company	OBOCT 28 MINO: SU	
		•		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	No. 1	
			点。	
Please return all correspondent	ondence concerning this matter	to the following:		
			OR I	
	Verboin Da	le Sec# JC Name of Person	<i>y</i>	
	•	(vanie of reison		
	Waterdog 1	Fencing & Cleaning Lo	CC.	
	<del></del>	Firm Company		
	20 V B 44	30C		
	P.O. Box	Address	· ,	
	Sc pchoppy.	Florida 3.2358 City/State and Zip Code		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report notificat	ion)	
For further information of	concerning this matter, please o	call:		
	, , , , , , , , , , , , , , , , , , ,			
Verbon Dale	e Scott Ir	at ( <b>850</b> ) <b>251 - 229</b> Area Code & Daytime To	14	
Name o	of Person	Area Code & Daytime To	elephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	S60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
			(additional copy is enclosed)	
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building	ons	
Tallahassee, FL 32314		2661 Executive Cente	r Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF A	AMENDMENT
TO	
ARTICLES OF O	RGANIZATION
OI	7 6 1
<u> </u>	(C) 70 P
Waterday Formers A Cloun	ing 116
(Name of the Limited Libility Compan (A Florida Limited Libility Compan	v as t now appears on our records.)
(A Florida Limited Li	AMENDMENT  RGANIZATION  Int CCC.  v aslt now appears on our records.)  ability Company)
The Articles of Organization for this Limited Liability Company	
	were filed on and assigned
Florida document number <u>L06 0000 8688 9</u>	
•	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
idates da a Campbete Lauricase	4 Cleaning Lice
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	
Enter new principal offices address, if applicable:	20s Persimmon Rd
	Sopchoppy, F1 32358
(Principal office address MUST BE A STREET ADDRESS)	<u> 30ponoppy, F1 32338</u>
•	
·	
Enter new mailing address, if applicable:	P.O. Box 395 Sopchoppy, F1 32358
(Mailing address MAY BE A POST OFFICE BOX)	Scachenay F1 32358
B. If amending the registered agent and/or registered offi	ice address on our records enter the name of the new
registered agent and/or the new registered office address here	
21 22 24 24	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
•	, Florida

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 Type of Action **Title** Address <u>Name</u> John Henry Sanders 305 Allen Lake 2d Sopchoppy, F1 32358 MGRM Remove ☐ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 28th Yella Bull Schill Signature of a methber or authorized representative of a member Volum Dale Scott Jr

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00