L06000086889

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(В	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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B. KOHR

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EXAMINER



COVER LETTER

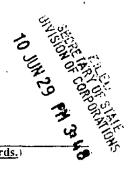
TO: Registration Section	n	•	!	ن بران المارين
Division of Corpor			;	6 To
				Le Francisco
SUBJECT: Waterdo	g Complete Lau	on Care 4 Clean	ng LLC.	72 632
	Name of Limi	ited Liability Company .	,	10 Jaco
				* §
The enclosed Articles of Ame	endment and fee(s) are sub	omitted for filing.		10 JUH 29 PM 348
Please return all corresponder	nce concerning this matter	to the following:	,	
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-	Verbon P	Name of Person		
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_	E-mail address: (to be used for future annual re	port notification)	
For further information conce	·ing this matter places	en li-		
TO THE MET INTO HISHOR COREC	:	,		
United Dale Scott	To	850 \ 200	1-2294	
Verbon Dale Scott	son	Area Code &	1 - 2394. & Daytime Telephone Number	· · · · · ·
		•		
Enclosed is a check for the fo	flowing amount:		•	
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is	enclosed) Certificate Certified C	of Status &

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



(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_	June 29 m2	and assigned
Florida document number <u>L0600086889</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited fial	again company	here.	
	-	ė ;	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Co	mpany." the designar	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	·	·
(Principal office address MUST BE A STREET ADDRESS)			
		1	
	f	(
Enter new mailing address, if applicable:		١	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address ber		on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	·		
	Enter Florida street address		
		Florid	
	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 jurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am jamiliar 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 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>:

Address

Type of Action

MGR = Manager
MGRM = Managing Member

<u>Title</u> <u>Name</u>

n GRM	John Henry Sanders	305 Allen La Ke Rd	
		305 Allen La Ke Rd Sopchoppy, Florida 32358	Remove
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If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	urv.)
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_	Signature of a member	A programmer of a member of a member of a printed name of signee	
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Page 2 of 2

Filing Fee: \$25.00