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EXAMMER

COVER LETTER

Division of Cor	poràtions '				
SUBJECT: All Star Cleaning, LLC				3	
	_				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Laura Lusby				
		(Name of Person)			
All Star Cleaning, LLC					
		(Firm/Company)			
	1207 Cockatoo Ave.				,
(Address)			 		
	Lake Placid, FL 33852				
	· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)			
. For further information o	oncerning this matter, please c	all:		ZOUR DEC 29 AM 10: 1 SECRETARY OF STAT TALLAHASSEE, FLORE	MARINE THE PARTY OF THE PARTY O
Laura Lusby		at (_863_) 441-0006		29 487 551	। गा
(Name of Person) (Area Code & Daytime Telephone Number)					a a a a a a a a a a a a a a a a a a a
				10: 1	Argus."
Enclosed is a check for the	ne following amount:			इत क	
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

All Star Cleaning, LLC			
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability C		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designat	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDR	RESS)	TAECRET T	
	-	EG B	
Enter new mailing address, if applicable:		29 ASS	
(Mailing address MAY BE A POST OFFICE BOX)		F9 3 C	
		ORIGINA 6	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		nter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	(City), Florid	la(Zip Code)	
	(City)	(Zip Coae)	

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 **Title Name** <u>Address</u> Type of Action **MGRM** Ana Becerra 132 Williams Rd. ■7 Add Lake Placid, FL 33852 Remove Cassie Jackson MGRM Remove MGRM **Brandy Davis** Remove ☐ Add Remove **∏** Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated **** 13-23 2008 Signature of a member of authorized representative of a member Laura Lusby

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00