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SECRETARY OF STATE
TAIL AHASSEE, FLORID

T. CLINE

MAY 3 0 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TLC CLEANING SERVICE, LLC
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trene Medina (Name of Person)
Clo Drummond Wehle & Ross (Firm/Company)
6987 E. Fowler Ave. (Address)
Tanpa F1 33617 (City/State and Zip Code)
For further information concerning this matter, please call:
Trene Medina at (813) 325-0598 (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) (Topic Person)
(Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)

□\$55.00 Filing Fee &

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(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

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 02 19 2007 and assigned Florida document number L0700018795.

This amendment is submitted to amend the following:

A.	If amending nam	e, enter the	new name	of the lim	ited liability	company here:

						
The new name must be distinguishable and end with "L.L.C."	n the words "Limite	d Liability Co	ompany," the des	signation "LLC	or the a	bbreviation
Enter new principal offices address, if applica	ıble:					
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	71(118)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered offi		on our record	LAHASSEE, FLORIDA the	HAY 29 PH 12: 25	f the new
Name of New Registered Agent: New Registered Office Address:	Iren 10987 Tan	ne E.	Med Fowl (Enter Florida	er A a street addre Torida 3	NE. sss) 3 Lo (Zip Cod	<u>1</u>

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 = Ma	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Irene Albert	5214 Gato Del Sol Cir Wesley ChapeliFI 33544	Add Remove
M <u>GRM</u>	Irene Medina	Saly Gato Del Sol Cic Wesley Chapel, F1335	Add Remove
	<u> </u>		Add Remove
			Add Remove
	<u></u>	ACCRE AREAS	2
		SEE, TI OF	Remove
D. II amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary)	_
			_
Dated	<u>ay 22</u> , 200	28.	_
		r authorized representative of a member	-,
-	Trene Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00