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SECRETARY OF STATE

T. CLINE

JAN 11 2008

EXAMINER

COVER LETTER

TO: Registration Security Division of Corp.		•	
SUBJECT: Bold	Mark Drain (Name of Lim	Cleaning Servited Liability Company	nces LLC
	Amendment and fec(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Robe	rt Yoder (Name of Person)	
	Romark	Orain Cleantr (Firm Company)	g Services LLC
	421 Los A	Itos Road, Pal	
	Palm Spr	(City State and Zip Code)	761 TAE 200
For further information c	oncerning this matter, please o	all:	CRET
Robert (Name of	Yoder of Person)	at (<u>561)</u> 7 <u>58</u> -90 (Area Code & Daytime T	SECRETARY OF STATE STALL AHASSEH, FLORIC
Enclosed is a check for the	ne following amount:		DE O
\$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)
	,		

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

Romark Drain Cleaning Services 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 04/12/07 and assigned Florida document number <u>L07000039589</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of	the limited liability company here:	2008 SE TAL
		A STATE OF THE PARTY OF THE PAR
The new name must be distinguishable and end wit	th the words "Limited Liability Company," the	e designation "LLE rist the bbreviation
~I.L.C."		ARY SSS
B. If amending the registered agent and/	or registered affice address on our rec	cords, enter the name of the new
registered agent and/or the new registered of	fice address here:	
		TATE ORIDA
Name of New Registered Agent:	Robert D. Yoder	
New Registered Office Address:	421 Los PItos R	oad
	(Enter Fla	orida street address)
	Palm Springs	_, Florida <u>33 461</u>
	(City)	(Zin 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MERM	Mark Capezzuto	1732 S Congress Ave Ste Bla Palm Springs FL 33461	Add Remove			
7 <u>68€</u> 9	Maria D Yoder	421 Los Altos Rd Palmisprings FL 33461	Add Remove			
merm	Robert Yoder	42/ Los Altos Road folm springs FL 33461				
	**************************************		Add Remove			
			Add Remove			
			Add Remove			
D. If amendi	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)				
						
			2008 JAN 10 SECRETARY TALLAHASSI			
Dated <u>Ja</u>	Robert Lole	<u>08</u> .	AM 9			
	_ Robert You	r authorized representative of a member Printed name of signee	59 ATE RIDA			

Page 2 of 2

Filing Fee: \$25.00