

LO7000091335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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02/17/10--01031--029 \*\*25.00

FILED  
10 MAR -2 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAR \_ 3 2010

EXAMINER

S. HAWKES

~~FEB 18 2010~~

EXAMINER

10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2010

JAMES R LUSSIER  
225 E ROBINSON STREET SUITE 600  
ORLANDO, FL 32801

SUBJECT: CLARKLIFT OF FLORIDA, LLC  
Ref. Number: L07000091335

We have received your document for CLARKLIFT OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955:

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 310A00004140



**JAMES R. LUSSIER**  
E-MAIL ADDRESS  
jlussier@mateerharbert.com

**DIRECT LINE**  
**(407) 377-6187**

March 1, 2010

Via Federal Express  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

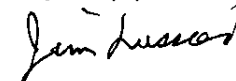
Attn: Ms. Suzanne Hawkes

Re: Clarklift of Florida, LLC

Dear Ms. Hawkes:

In response to your letter No. 310A00004140, I am enclosing the Articles of Amendment designed to change the name of "Clarklift of Florida, LLC" To "Absolute Material Systems, LLC." You have the filing fee already, so please process this name change at your earliest convenience. Thank you for your courtesies in this matter.

Very truly yours,




James R. Lussier

JRL:jl

Cc: Clarklift of Florida, LLC

4813-2880-5637, v. 1

## COVER LETTER

TO:  Registration Section  
Division of Corporations

SUBJECT: CLARKLIFT OF FLORIDA, 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:

JAMES R. LUSSIER

Name of Person

MATEER & HARBERT, PA

Firm/Company

225 E. ROBINSON STREET SUITE 600

Address

ORLANDO, FL 32801

City/State and Zip Code

JLUSSIER@MATEERHARBERT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES R. LUSSIER

Name of Person

at ( 407 )

425-9044

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

CLARKLIFT OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
10 MAR -2 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/06/2007 and assigned

Florida document number L07000091335

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ABSOLUTE HANDLING SYSTEMS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
10 MAR 22 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 02-16, 2010  
Brian C. Reece  
Signature of a member or authorized representative of a member  
Brian C. Reece  
Typed or printed name of signee