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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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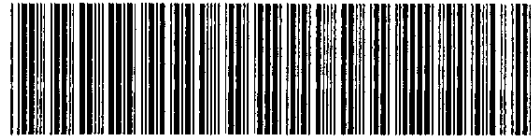
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpha Pro Cleaning, 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 V. Lynch

Name of Person

Alpha Pro's, LLC

Firm/Company

P.O. Box 731025

Address

Ormond Beach, FL 32174

City/State and Zip Code

jim@alphaproclean.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James V. Lynch

Name of Person

at (386)

846-9742

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**

Alpha Pro Cleaning, 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 April 13, 2008 and assigned
Florida document number L07000094812.

This amendment is submitted to amend the following:

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

Alpha Pro's, L.L.C.

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)

1230 N. HWY. 1

Suite 20

Ormond Beach, FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1230 N. HWY. 1

Suite 20

Ormond Beach, FL 32174

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:

1230 N. HWY. 1

Enter Florida street address

Ormond Beach

City

Florida

32174

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

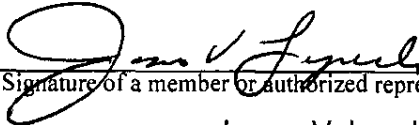
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hargrave, Nathan B	1230 N. US HWY. 1 Suite 20 Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Dalton, Steve E	1230 N. US HWY. 1 Suite 20 Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SEC	Barton, Scott A	1230 N. US HWY. 1 Suite 20 Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
TREAS	Lynch, James V.	1230 N. US HWY. 1 Suite 20 Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated February 24, 2011



Signature of a member or authorized representative of a member

James V. Lynch

Typed or printed name of signee

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TALLAHASSEE, FLORIDA