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SECRETARY OF STATE
DIVISION OF CORPORATIONS
ON APR - 1 AM 11: 59

T. HAMPTON

APR - 2 2009

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Commercial Cl (Name of Limit	ed Liability Company)	۷
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	James B	(Name of Person)	
	Cue Comme	rcial Cleaning Ser (Firm/Company)	exices LLC
	5021 Solar	Point Drive (Address)	
	Green acres	FL 33463 (City/State and Zip Code)	
For further information cor	cerning this matter, please cal	1:	
	Rerson)	at (<u>5701</u>) 767-64 (Area Code & Daytime T	92 (elephone 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

(Name of the Limited Liability Compa (A Florida Limited I	Leaving Seny as it now appears on our	ervices LLC records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LD 700099870</u>	4.4	9 Z .,
This amendment is submitted to amend the following:		AM II: 59
A. If amending name, enter the new name of the limited liab E Cue Enter prise L	LC	<u>~</u>
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	5021 Solar	Point Drive
(Principal office address MUST BE A STREET ADDRESS)	Greenacres	FL 33463
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5021 Solar Greenaeres	Point Drive FL 33463
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flor	ida 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 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 **Type of Action Title** <u>Name</u> **Address** La Deshia Brooks MGRM Add Remove ☐ Add Remove 🗂 Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 18th 2009 of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00