L07000119389

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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J. BRYAN

APR 1 4 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2008

NICKOLAS APOSTOLOU VACATION HOME CLEANERS LLC 8069 WHITE CRANE CT KISSIMMEE, FL 34747

SUBJECT: VACATION HOME CLEANERS LLC

Ref. Number: L07000119389

We have received your document for VACATION HOME CLEANERS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 108A00018542

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VACATION HONE CHEAVER LIC (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:
NIKOLAOS APOSTOLO D (Name of Person) VACATION HAVE CLEANERS LLC.
VACATION HOUR CLEANERS LLC. (Firm/Company)
(Firm/Company) 8069 WHITE CLANS CT (Address)
LISSIMMER FL 34747 (City/State and Zip Code)
For further information concerning this matter, please call:
NICOLAOS APOSTOLOO at (407) 832-5553 (Name of Person) at (407) 832-5553 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Status

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

		•	TO SECTION
VACATION H	ONE CLEANER Liability Company as it now ap	S WC.	PR 10
(A	Florida Limited Liability Compa	ny)	Programme Policy
The Articles of Organization for this Limited Lia	bility Company were filed on	11/30/2007	and assigned
Florida document number <u>L07000 113</u>	3 <i>8</i> 9		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
NTA MANAGE	MEN'T GROOF	> HC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	ompany," the designation "	'LLC' or the abbreviation
B. If amending the registered agent and/or the new registered offi		on our records, <u>enter</u>	the name of the new
N. CN. D. L. M.			
Name of New Registered Agent:			
New Registered Office Address:			
		(Enter Florida street ad	ddress)
		, 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 <u>Title</u> <u>Name</u> Address **Type of Action** MGR Add Remove Add Remove Add Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NIKOLAOS APOSTOLO
Typed or printed name of signee

Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00