207000120130

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DEFAL CRUIT OF STATE DIVISION OF CORPONATIONS TALLAHASSEE FLORIDA

RECEIVED

SECRETARY OF STATE

J. SAULSBERRY EXAMINER JUL 19 2011

COVER LETTER

то:	Registration Se Division of Cor			,seruice	eS		
SUBJE	CT:	Jemott Na	me of Limited I	Cleaning LLC Liability Company			
The end	closed Articles of	Amendment and fe	e(s) are submitt	ed for filing.			
Please r	eturn all correspo	ndence concerning	this matter to th	ne following:			
		Andr	en).	Name of Person		28 S TAI	
	•	 		Firm/Company		ECRETA	<u> </u>
		1520	Willow	Address		19 AM	
			demoi	Ty/State and Zip Code H/C @ embarg/ used for fulure annual report northic	nail. com	AM 9: 30 OF STATE E. FLORIDA	رند <u>ي</u>
For furt	ndrew Name of	Person	er, please call:	at (<u>&\$50)</u> 997-6 Area Code & Daytime	369 Telephone Number		
/	d is a check for th	e following amoun \$30.00 Filing Certificate of	Fee &]\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Certificate o	Fee,	
		Commune	i Giaius	(additional copy is enclosed)	Certified Co		

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 (A Florida	Cleaving Services LLC y Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number LO) 000120130	Company were filed on 12/3/07 and assigned
This amendment is submitted to amend the following:	
A. If amending mame, enter the new name of the lim The new name must be distinguishable and end with the wo "L.L.C."	nited liability company here: The LLC ords Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	CRETARY OF STATE AWASSEE. FLORIDA The name of the nam
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

<u> </u>	<u>Name</u>	Address	Type of Action
			D Damoua
	<u></u>		
			□D
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheet.	s, if necessary.)
			JUL 19 AM 9: 30 RETARY OF STATE AHASSEE, FLORIDA
— Dated	7/19/11		0 A
	Signature Hu	of a member or authorized representative of a mer rew D. Lewott Jr. Typed or printed name of signee	nber

Page 2 of 2

Filing Fee: \$25.00