

L08000014411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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AUG 23 2012

S. TONER

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08/22/12--01014--001 **25.00

FILED
12 AUG 22 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TC: **Registration Section**
Division of Corporations

Hughes LVS LLC

SUBJECT: _____
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:

Noel C Hughes

Name of Person

Hughes LVS LLC

Firm/Company

14978 104th St.

Address

Live Oak, FL 32060

City/State and Zip Code

hugheslvs@gmail.com

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

For further information concerning this matter, please call:

Noel C Hughes

Name of Person

at (**512**)

844-9740

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Hughes LVS 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 02/08/2008 and assigned
Florida document number L08000014411

This amendment is submitted to amend the following:

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

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)

14978 104th St.

Live Oak, FL 32060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14978 104th St.

Live Oak, FL 32060

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:

14978 104th St.

Enter Florida street address

Live Oak
City

Florida

32060

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

FILED
12 AUG 22 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

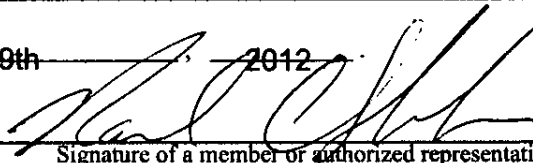
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Katrina M Hughes	14978 104th St. Live Oak, FL 32060	<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
			<input 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 August 19th, 2012



Signature of a member or authorized representative of a member

Noel C. Hughes
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2012

DMITRI IAZADJI
GULF COAST STAFFING LLC
19664 W 36TH AVE, SUITE 408
GULF SHORES, AL 36542

SUBJECT: GULF COAST STAFFING LLC
Ref. Number: L11000136332

We have received your document for GULF COAST STAFFING 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):

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.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner
Senior Section Administrator

Letter Number: 112A00021637

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Gulf Coast Staffing 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 12/02/2011 and assigned
Florida document number 11000136332.

This amendment is submitted to amend the following:

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

Gulf Coast Cleaning 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)

19664 W 36th Ave suite 408
Gulf Shores AL, 36542

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/>

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

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

8/23/12

CORPORATE DETAIL RECORD SCREEN

10:23 AM

NUM: L10000043120 ST:FL ACTIVE/FL LIM LIAB FLD: 04/22/2010 EFF: 04/19/2010

LAST: LC AMENDMENT

FLD: 12/16/2011

TOTAL CONTR: 0.00

FEI#: 27-2406473

NAME : GULF COAST CLEANING LLC

PRINCIPAL: 15320 SANDY COURT

CHANGED: 03/17/11

ADDRESS SPRING HILL, FL 34610 US

RA NAME : ROCHETEAU, RALPH

RA ADDR : 14350 SW 142 AVE

ADDR CHG: 09/10/10

MIAMI, FL 33186 US

ANN REP :

(2011) W 03/17/11

(2012) W 04/30/12

1. MENU, 3. MGR/MEM, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2012

DARRYL MOMENT
GET'ER DONE INVESTMENTS LLC
13207 N. 22ND ST.
TAMPA, FL 33612

SUBJECT: GET'ER DONE INVESTMENTS "L.L.C
Ref. Number: L11000050787

We have received your document for GET'ER DONE INVESTMENTS "L.L.C and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner
Senior Section Administrator

Letter Number: 612A00021647

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Get'er Done Investments 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 4/28/2011 and assigned
Florida document number L11000050787.

This amendment is submitted to amend the following:

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

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:

13207 N. 22nd st. Tampa, FL 33612

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

13207 N.22nd st. Tampa, FL 33612

(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:

13207 N. 22nd st.

Enter Florida street address

Tampa

Florida

33612

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carlos Santana	4212 E. Emma st. Tampa, FL 33610	<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
			<input 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 _____, _____

Signature of a member or authorized representative of a member
Darryl Moment

Typed or printed name of signee