## 208000016819

(Requestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP WAIT	MAIL
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S. HAWKES
FEB 1 7 2009
EXAMINER

## **COVER LETTER**

Division of Cor	porations	1	
SUBJECT: Squeak	xy Clean Window Clo	eaning, LLC	· to
		ited Liability Company)	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christina Scott		<u></u>
		(Name of Person)	
	Squeaky Clean Window	Cleaning, LLC	
		(Firm Company)	
	2310 S. Hwy. 77, Suite 1	10, PMB 222	
		(Address)	
	Lynn Haven, FL 32444		
		(City State and Zip Code)	•
For further information of	concerning this matter, please c	all:	
Christina Scott		at ( 850 ) 819-6612	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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:

TO:

Registration Section

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

Squeaky Clean Window 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 Lia	bility Company	were filed on February 15, 20	008 🚅 🔑 🔂 assigned	
Florida document number L08000016819			TEB TEB	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	ility company here:		
Expert Tile & Grout Restoration, LLC			<b>三</b> 5	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applical	ble:	2310 S. Hwy 77	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)		Suite 110, PMB 222		
•	•	Lynn Haven, FL 32444		
·				
Enter new mailing address, if applicable:		2310 S. Hwy 77		
(Mailing address MAY BE A POST OFFICE BOX)		Suite 110, PMB 222		
		Lynn Haven, FL 32444		
B. If amending the registered agent and/or registered agent and/or the new registered offi			s, enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	2310 S. Hwy 77, Suite 110, PMB 222			
	(Enter Florida street address)			
	Lynn Haven		lorida <u>32444</u>	
		(City)	(Zip Code)	
New Degistered Agent's Cignoture if changing De	wistered Agent:			

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:

<u> Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			☐ Add ☐ Remove
			Add Remove
		7	Add Remove
		SECON VICES	Bemove
			Adda Caregipove
<del></del>	<del></del> .		Add
		(s) here: (Attach additional sheets, if necessary.) managing members (Richard & Christina Scott) to:	_
<del>-</del>	10 S. Hwy. 77	managing members (Nichard & Christina Scott) to.	-
Sı	lite 110, PMB 222		
<u>Ly</u>	nn Haven, FL 32444		-
Dated Febru	uary 16 , 2009	······································	<b>-</b>
	Christina M. Sc.	SH or authorized representative of a member	
	Christina Scott	r printed name of signee	<u>.                                    </u>

Page 2 of 2

Filing Fee: \$25.00