L08000031378

(Requestor's Name)			
(Address)			
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A. I			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(D)			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
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istration Sect vision of Corpo	
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SUBJECT:	(Name of Limited Liability Company)
•	(Name of Limited Liability Company)
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Tim Lantzy (Name of Person)
	(Name of Lyson)
	(Firm/Company)
	2892 Castlebrook Ave (Address)
	Hilliard, OH. 43026
	(Cny/State and Zip Code)
For further information con	cerning this matter, please call:
T- 1 1	1111 512-5583
Tim Last (Name of)	rerson) at (6/4) 562-5583 (Area Code & Daytime Telephone Number)
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy 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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 APR 28 AM 11: 37 SECRETARY OF STATE TALLAHASSEE FLORIDA

(Name of the Limited Liabili	ty Company as it now appear Limited Liability Company)	s on our records.)	
(A Florida	Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	arch 27, 2008 and assigned	
Florida document number <u>L0800003137</u>	<u>8</u> .	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin		_	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compar	ny," the designation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	_		
	(Enter Florida street address)		
	. Florida		
	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	and complete performance of agent as provided for in Ch red office address, I hereby	of my duties, and I am familiar with and apter 608, F.S. Or, if this document is	
	(If Changing Registered Age	nt, 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>	Type of Action
			∏Add
			Remove
	·		Add Remove
			Add
			Remove
			_
			Add Remove
		.	
			Add
			Remove
	1111 - 1111		Add Remove
D. Hamai	nding any other information, enter chance	ge(s) here: (Attach additional sheets, if necessary.	
ription:—	Company is Ou	rganized is: A wash a	<u></u>
· –	CII CONTRACTOR	Janiced is. A wash a	<u>^4</u>
-		7 a arap spot for	OB AF
	dry cleaning.		ic
_	1		— SERY
Dated _	April; 24, 20	<u>08</u> .	
	1 - In		I: 37
	<u>-</u>	or authorized representative of a member	
	Typed	antoy d or printed name of signee	
		Page 2 of 2	

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Filing Fee: \$25.00