L08000036729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
AUG 12 2009
EXAMINER

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** BALLARAT CLEANING SERVICES, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

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09 AUG 10 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANDRES E. RUTMANN
(Contact Person)

BALLARAT CLEANING SERVICES, LLC
(Firm/Company)

64 LANCASTER RD.
(Address)

BOYNTON BEACH, FLORIDA 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDRES E. RUTMAN at ( 561 ) 503-7091
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

FILED
09 AUG 10 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BALLARAT CLEANING SERVICES, 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 4/10/2008 and assigned Florida document number L0800036729.

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)*** _____

_____

**Enter new mailing address, if applicable:** _____

***(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: _____
*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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGRM | ANDRES E. RUTMANN | 64 LANCASTER RD.<br>BOYNTON BEACH, FLORIDA 33426 | ☑ Add<br>☐ Remove |
| MGRM | SOLANGE RUTMANN | 64 LANCASTER RD.<br>BOYNTON BEACH, FLORIDA 33426 | ☐ Add<br>☑ Remove |
| MGRM | JOSE ANTONIO RUTMAN | 64 LANCASTER RD.<br>BOYNTON BEACH, FLORIDA 33426 | ☐ Add<br>☑ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |

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

Dated JULY 21, 2009.

X _____
Signature of a member or authorized representative of a member

ANDRES E. RUTMANN
Typed or printed name of signee



**Filing Fee: $25.00**