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SECRETARY OF STATE

N. Castiguen MAY 192008

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: DTD ENTERPRISES ADVANCED TILE & CARPET CLEANING LLC

(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:

DAVID A JONES	
(Name of Person)	
DTD ENTERPRISES ADVANCED TILE & CARPET	CLEANING LLC
(Firm/Company)	
4630 N UNIVERSITY DRIVE #455	
(Address)	
CORAL SPRINGS FL 33067	
(City/State and Zip Code)	

For further information concerning this matter, please call:

(Name of Person)

at (054) 341 - 7058 (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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:

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

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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DTD ENTERPRISES ADVANCES TILE & CARPET 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 Liability Company wer	re filed on APRIL 21ST 2008	_ and assigned
Florida document number L08000039583		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
DTD ENTERPRISES ADVANCED TILE & CARP		
The new name must be distinguishable and end with the words "Limited I "L.L.C."	Liability Company," the designation "LLC	C" or the abbreviation
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)		
[Mulling undress MAT BE A FOST OF FICE BOA]		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	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:		<u>.</u>
New Registered Office Address:		
New Registered Office Address.	(Enter Florida street address)	
	Florida	
((City) · , Florida	(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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add Remove
			AddRemove
			Add Remove
			Add Remove
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D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	
_			OB HAY 16 AM SECRETARY OF
_			STATE LORIDA
Dated 5	113/08	·	
<	A A A A A A A A A A A A A A A A A A A	Selective of a member	
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Page 2 of 2

Filing Fee: \$25.00