## LD8000047602

Scrubs Pro ( 2472 Lakei Orlando, Fi	leaning Inderhil 32828	l Road
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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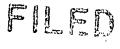
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SECRETARY OF STATE
SECRETARY OF STATE

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



08 JUN -2 AMII: 12

SECRETARY OF STATE FALLAHASSEE FLORIDA

Scubs Pro Cl	leaving LLC	MELKHASSEE FLORIDA
Scubs Pro Cl (Name of the Limited Liability (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>LOSOOO 4760</u>		12-2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim  Scrubs Pro Cleania  The new name must be distinguishable and end with the wo "L.L.C."		he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Finter F	lorida street address)
	(Einer 11)	, Florida
	(City)	
New Registered Agent's Signature, if changing Registere	d 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)

MGR = Ma MGRM = I	anager ' ' Managing Member	~	
itle	Name	Address	Type of Action
			Pomove
			— — — — — — — — — — — — — — — — — — —
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			<b>—</b> • • • • • • • • • • • • • • • • • • •
	<del></del>		Add Remove
·			Remove
. If amend	ding any other information	enter change(s) here: (Attach additional shee	SECRETARY OF STATE ALLAHASSEE FLORIDA
ated	5-29-	, <u>2008</u> .	TATE 12
	Signatur WA HER L	e of a member or authorized representative of a me	ember

Page 2 of 2

Filing Fee: \$25.00