L08000055426

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
ι.				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

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09/28/09--01017--001 **25.00

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09 OCT 27 AM 9: 35

SECRETARY OF STATE
TANASSEE FINBING

COVER LETTER

Division of Corporations				
	Service & Preservation, LLC			
Name of Limited	d Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this m	eatter to the following:			
Richard Weedon				
Name of Person				
Richard's Cleaning Service & Preservation,	LLC			
Firm/Company				
12293 Deep Creek Drive				
Address				
Coming Lift Et 24000				
Spring Hill, FL 34609 City/State and Zip Code				
onyrouno and sup oode				
Richard@PichardsClaaningSan/iogandProper	votion a			
Richard@RichardsCleaningServiceandPreser E-mail address: (to be used for future annual report notification	vation.ci			
For further information concerning this matter, ple	ase call:			
Richard Weedon at (at (352) 277-6747			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amo	ount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

TO: Registration Section



September 29, 2009

RICHARD WEEDON 12293 DEER CREEK DRIVE SPRING HILL, FL 34609

SUBJECT: RICHARDS CLEANING SERVICE AND PROPERTY

PRESERVATION, LLC

Ref. Number: L08000055426

We have received your document for RICHARDS CLEANING SERVICE AND PROPERTY PRESERVATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

When you submit a Statement of Change of Registered Agent/Office you must change that information. If you are not changing that information then you submitted the wrong form. I am enclosing an Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 309A00031621

Neysa Culligan Regulatory Specialist II

Division of the DO DOM COOR WILL DIVISION OF THE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

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Richards Cleaning Service E Preservista OF PRINCE (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

——————————————————————————————————————	(A Florida Limited	Liability Company)		
The Articles of Organization for this Limite	d Liability Compan	y were filed on 6	/4/2008	and assigned
Florida document number <u>LO8000</u>		20	•	
Torida document number				
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	e of the limited lia	bility company he	<u>re</u> : .	
- N	7-			
The new name must be distinguishable and end 'L.L.C."	with the words "Lin	nited Liability Comp	any," the designation "	'LLC" or the abbreviatio
Enter new principal offices address, if ap	plicable:	72813	Sunshine (move Rd
Principal office address MUST BE A STR	EET ADDRESS)	SUITE	104	
• .		Brooks	VIIIe, A	34613
Enter new mailing address, if applicable:		13/00	MOHNEW	Ave
Mailing address MAY BE A POST OFFIC	CE ROX)	Spring	Hill. 17.	34609
		Gring	11111	
			• • •	
3. If amending the registered agent a	nd/or registered o	: . iffice address on :	our records, enter	the name of the nev
egistered agent and/or the new registered			<u> </u>	
Name of New Registered Agent:				
New Registered Office Address:				
130 W Registered Office Address.		En	ter Florida street ad	dress
		• .		
•	· •	City	, Florida	Zip Code
		City		Lip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	<u>Name</u>	Address	Type of Acti
			Add Remove
			D Domesus
			(T) D
			Domovo
			Add Remove
			Add Remove
amendi 	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	
			09 OCT 27 SECRE JAR
			27 AM 9: 35 ARY OF STATE ASSEE. FLORIDA

Page 2 of 2

Filing Fee: \$25.00