L08000068914

David H Oule				
David H. Owle 18375 104th Terrace Sc				
(Address)				
BUCA RATON. M 33498 (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



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02/10/10--01009--015 **25.00

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10 FEB 19' AH 8: 53
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THIS AHASSEE, FLORIDA

Office Use Only



February 10, 2010

DAVID H OULE 18375 104TH TERRACE SOUTH BOCA RATON, FL 33498

SUBJECT: STERLING SWEEPERS & SCRUBBERS, LLC

Ref. Number: L08000068914

We have received your document for STERLING SWEEPERS & SCRUBBERS, 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):

You failed to make the correction(s) requested in our previous letter.

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

You need to reinstate first, then resubmit the Amendment to change the name.

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: 210A00002789

Neysa Culligan Regulatory Specialist II

ARTICLES OF AMENDMENT i. TO ARTICLES OF ORGANIZATION OF

FILED 10 FEB 19 AH 8: 53 SECRETARY OF STATE

Sterlin	g Sweepers	& Scrubbers LLC	ALLAHA	SSEE FLORIDA
(Name of the Limited)	A Florida Limited L	ny as it now appears on clability Company)	our records.)	
The Articles of Organization for this Limited L Florida document numberL0800006		were filed onJu	ly 31, 2008	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
Stirl	ing Service & I	Equipment LLC		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company,"	the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		same		
(Principal office address MUST BE A STREI	ET ADDRESS)	·		
				
Enter new mailing address, if applicable:	same			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and registered agent and/or the new registered o			ecords, <u>enter th</u>	e name of the new
Name of New Registered Agent:	same			
New Registered Office Address:				
		Enter F	lorida street addre	ess
			, 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 Manage.

or Managing Member being added or removed from our records:

MGR = Manager

itle	Name	Address	Type of Action
			Add Remove
· ·			Add Remove
			D D none anno
			T Damestic
<u></u>			
			
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if neces	sary.)
			FIL 10 FEB 19 SEUKLINK TALLAHASS
Dated	27/10		AM 8: 53 OF STATE E, FLORIDA

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Filing Fee: \$25.00