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SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

JAN - 6 2009

EXAMINER

TO: Registration Section Division of Corporations	
SUBJECT: TWASTY ENT 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:	
JAMES ROBERT GRIFFIN JR (Name of Person)	
TNASTY ENT LLC (Firm/Company)	
3967 ORCHARD Hill Circle	
PALM HARBOR FL. 34684 (City/State and Zip Code)	
For further information concerning this matter, please call:	
JAMES GRIFFIN at (727 678 - 0349 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	7)
\$25.00 Filing Fee \$\omega\$\$30.00 Filing Fee & \$\omega\$\$\$55.00 Filing Fee & \$\omega\$	77.3
\simeq	

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

ed 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 $10/01/2000$ and assigned
Florida document number <u>L0800009</u> 29	3.5
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	
Honest Abes Carpet The new name must be distinguishable and end with the words "Lim" "I.I.C."	t Cleaning Service LLC
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3967 ORCHARD BITE Circle
(Principal office address MUST BE A STREET ADDRESS)	PALM HARBOR EL
	34624 57
Enter new mailing address, if applicable:	3967 ORCHARD Hill EIRCLE
(Mailing address MAY BE A POST OFFICE BOX)	PALM HARBOR FL.5
	34684
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, enter the name of the new
Name of New Registered Agent: Jam ES	ROBERT GrIFFIN JR
New Registered Office Address: 3967	ORCHARD HI'IL CIRCLE (Enter Florida street address)
PAL	M HARBOR Florida 34684
No. Desirated Act of Clarater in the Property Desirated	(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.

MGR = Man MGRM = M	ager anaging Member		
<u>Title</u> ·	Name	Address	Type of Action
M <u>GRM</u>	ANTHONYSmith	624 EAST LAKE CLUB OLDS MAR, FL 34677	Add Remove
	ANREW GUSTAFSON	PALM HARBOR FL	Add Remove
MGRM	JAMES ROBERT GRIFFING	Sr 3967 ORCHARD HILL CI	Full Name Fall Name Remove
			Add Remove
	-1		Add Remove
			SEC Add
D. If amendi	ing any other information, enter change(s SAMES GRIFFIN 1. SER SON AS JAME	s) here: (Attach additional sheets, if necessary.) STHE SAME SROBERT GIFFIN Ny LEGAL NAME	5 P M
T. Fi	a reason to the apply the Business		
Dated	Signature of a peniber of	a R AMA.	
-	JAMES Typed or	ROBERT GRIFFIN J printed name of signee	<u>R.</u>

Of trianging triemper being added of removed from our records.

Page 2 of 2

Filing Fee: \$25.00