

LD8000095035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV 16 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: High Quality Cleaning Solutions Services 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:

Caroline Larson

Name of Person

Larson Accounting and Consulting Svc

Firm/Company

8615 Commodity Cricle 06

Address

Orlando, FL

City/State and Zip Code

carol@larsonacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caroline Larson

Name of Person

407 370-3686

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

12 NOV 15 PM 12: 20

High Quality Cleaning Solutions Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/07/2008 and assigned
Florida document number L08000095035

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6509 Hidden Beach Cr

Orlando, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6509 Hidden Beach Cr

Orlando, FL 32819

B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

Enter Florida street address

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 Manager or Managing Member being added or removed from our records:

MGR = Manager

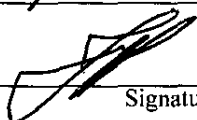
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|----------------------------|--|
| MGR | Joao B de Freitas | 3361 S. Kirkman Rd Apt 828 | <input type="checkbox"/> Add |
| | | Orlando, FL 32811 | <input checked="" type="checkbox"/> Remove |
| MGR | Erika V de Freitas | 3361 S. Kirkman Rd Apt 828 | <input type="checkbox"/> Add |
| | | Orlando, FL 32811 | <input checked="" type="checkbox"/> Remove |
| MGR | Liliana Carvalho Coelho | 6509 Hidden Beach Cir | <input checked="" type="checkbox"/> Add |
| | | Orlando, FL 32819 | <input type="checkbox"/> Remove |
| MGR | Joelson de Azevedo Filho | 6509 Hidden Beach Cir | <input checked="" type="checkbox"/> Add |
| | | Orlando, FL 32819 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

Nov/12/12



Signature of a member or authorized representative of a member

Joao B de Freitas

Typed or printed name of signee

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Filing Fee: \$25.00

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